

Section 1 - Completed by Employee Only:

Please cancel the following payroll deduction effective immediately:

- Fire Aid Assoc
- Fire Insurance Assoc.
- Police Activity League - PAL
- Police Benevolent Assoc - PBA
- Police Insurance Assoc.
- Police Mutual Aid
- United Way
- YMCA
- Other (explain) _____

Employee Signature:

Date: _____

Print Employee Name:

Employee # _____

SS# _____ (last 4 digits)

Employee Department: _____