

Payroll Deduction Cancellation Form

Employee Name	Social Security Number

I hereby request that the Payroll Deduction items checked, be cancelled as of the close of the pay period shown.

	<u>Effective</u>	<u>Month</u>	<u>Year</u>
<input type="checkbox"/> Child welfare Fund	Last Day of	_____	20__
<input type="checkbox"/> Arrowhead United Way	Last Day of	_____	20__
<input type="checkbox"/> Savings Bond	Last Day of	_____	20__
<input type="checkbox"/> Associations* _____	Last Day of	_____	20__
<input type="checkbox"/> Other** : _____	Last Day of	_____	20__

* Union Dues can NOT be cancelled through Payroll

** This form can not be used to cancel any Health Insurance deductions, Tax Shelter Annuities, Supplemental Insurance (American Fidelity, Standard Insurance) or Saving Account deductions.

Employee's Signature

Date