

LAKEWOOD SCHOOL DISTRICT #306

Change/Stop Payroll Deduction Form

First Name: _____

Last Name: _____

Payroll Deduction

Effective: _____

Please deduct \$ _____ per paycheck for _____
Company name. I do
have an account set up with this company. I understand that this payroll deduction
continues until I complete a change/stop form.

Payroll Deduction Change

Effective: _____

I currently have a payroll deduction of \$ _____ per paycheck for

Company name. I would like to request that my payroll deduction change to
\$ _____ per paycheck. I understand that this payroll deduction continues until I
complete a change/stop form.

Payroll Deduction Stop

Effective: _____

I currently have a payroll deduction of \$ _____ per paycheck for

Company name. I would like to request that my payroll deduction stop.
I understand that it may take up to two payroll cycles for this change or stop to occur.

****CHANGES MUST BE RECEIVED BY THE 10TH OF THE MONTH TO BE EFFECTIVE WITH
THE CURRENT ****

Signature

Date

LAKEWOOD SCHOOL DISTRICT #306
P.O. BOX 220
LAKEWOOD, WA 98259