RAYMONDVILLE INDEPENDENT SCHOOL DISTRICT

TO: **RAYMONDVILLE I.S.D.**
PAYROLL DEPARTMENT

Please cancel my previously authorized salary deduction(s) as follows:

$ _____	_____	_____
AMOUNT	**COMPANY**	**PRODUCT**
$ _____	_____	_____
AMOUNT	**COMPANY**	**PRODUCT**
$ _____	_____	_____
AMOUNT	**COMPANY**	**PRODUCT**
$ _____	_____	_____
AMOUNT	**COMPANY**	**PRODUCT**

Executed the _____**day of**_____

BY: _____
SIGNATURE

_____
PRINT NAME

_____
SOCIAL SECURITY NUMBER