

**PHENIX CITY PUBLIC SCHOOLS
PAYROLL OFFICE**

**AUTHORIZATION FOR DISCONTINUANCE
OF PAYROLL DEDUCTION**

To: Payroll/Employee Benefits

I no longer wish to have payroll deduction for the following:

Deduction Name: _____

Amount of Deduction: _____

Effective Date of Change: _____

Employee Name: _____

Employee Signature: _____

Date: _____