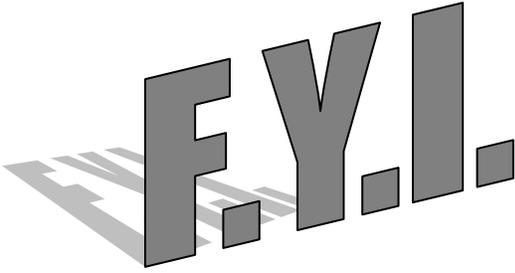


Paterson Public Schools - Summer Savings Program



**To cancel from the District's
"12 MONTH PAYROLL OPTION"
PROGRAM**

**If you desire to cancel your participation in this program, complete the form below
and return it to the PAYROLL DEPARTMENT.**

Name: _____ **Worksite:** _____
(Print)

Social Security #: _____ **Employment Position:** _____

**Please accept this form as a formal request to cancel my participation in the
Summer Payment Option Program. I further understand that the balance will be
paid at the end of the academic year.**

Signature

Date