**Payroll Deduction Cancellation Form**

Starting the next payroll period, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, wish to cancel my payroll deductions for the following programs:

PAYMENT FOR: AMOUNT:

[ ] Credit Union  \_\_\_\_\_\_\_\_\_.\_\_\_

[ ] Employee Savings Plan  \_\_\_\_\_\_\_\_\_.\_\_\_

[ ] 401 K Plan \_\_\_\_\_\_\_\_\_.\_\_\_

[ ] Union Dues  \_\_\_\_\_\_\_\_\_.\_\_\_

[ ] Other: *(Please specify below)* \_\_\_\_\_\_\_\_\_.\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Deductions Cancelled** \_\_\_\_\_\_\_\_\_.\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date