



Updated 11/08/16

EMPLOYEE DEDUCTION CANCELLATION FORM

Please PRINT all information on this form.

(Employee Name)

(Employee Number)

(School/Location)

(Phone Number)

(Name of Benefit Company)

(Benefit)

(Tax Sheltered Y/N)

(Amount of Deduction)

(Effective Date of Cancellation)

(Employee's Signature)

(Date)

I understand that this change will become effective at the end of this payroll period **ONLY IF** this cancellation form is received by the Payroll Department by the **10th of the current month**. If this deduction cancellation form is received **AFTER** the 10th of the month, this cancellation **WILL NOT** become effective until the next payroll period. Also, please be sure to contact the Benefit Company and inform them of your cancellation as well.

NO CHANGES WILL BE PROCESSED BY TELEPHONE

If you have any questions, please contact the Payroll Department at 334-585-2206 extension 1228.