

## Discontinuation of Payroll Deduction Form

THIS FORM IS TO BE USED TO DISCONTINUE A PAYROLL DEDUCTION FOR INSURANCE OR TAX SHELTER ANNUITY. DO NOT USE THIS FORM FOR HEALTH, DENTAL, OPTIONAL LIFE INSURANCE OR CREDIT UNION.

### TO PAYROLL OFFICE

I PRESENTLY HAVE A PAYROLL DEDUCTION WITH \_\_\_\_\_

(company)

FOR \$ \_\_\_\_\_ PER PAY PERIOD. PLEASE DISCONTINUE THIS DEDUCTION

ON THE NEXT 15<sup>th</sup> OF THE MONTH PAYROLL PERIOD.

NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_