



PAYROLL DEPARTMENT

PAYROLL CANCELLATION REQUEST

Name: _____

Phone Number: _____

Last 4/Social Security Number: _____

Site/Location: _____

Please cancel the following deduction(s):

- | | |
|---|--|
| <input type="checkbox"/> Short Term Disability | <input type="checkbox"/> Long Term Disability |
| <input type="checkbox"/> Life Lock/Identity Theft | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Life – Optional – Employee | <input type="checkbox"/> Universal Life – Employee |
| <input type="checkbox"/> Life – Optional – Spouse | <input type="checkbox"/> Universal Life – Spouse |
| <input type="checkbox"/> Life – Optional – Child | <input type="checkbox"/> Universal Life – Child |
| <input type="checkbox"/> Professional Educators Network | <input type="checkbox"/> Combined Charities |
| <input type="checkbox"/> First Financial | <input type="checkbox"/> F.A.S.A. |

Please cancel the following TSA deduction(s):

- | | |
|--|---|
| <input type="checkbox"/> V.A.L.I.C. | <input type="checkbox"/> ING Retirement Plan |
| <input type="checkbox"/> Metropolitan Life | <input type="checkbox"/> TIAA-CREF |
| <input type="checkbox"/> Oppenheimer | <input type="checkbox"/> American Century |
| <input type="checkbox"/> Life Insurance Company of the Southwest | <input type="checkbox"/> Plan Member Services |
| <input type="checkbox"/> AXA/Equitable | <input type="checkbox"/> Pacific Life |

Direct Deposit cancellations must be requested on a separate form through the Payroll Department.

This form must be submitted to the Payroll Department at least 15 days prior to your pay date for the month.

Any refunds you are entitled to due to this cancellation must be disbursed directly from the company/vendor.

Employee Signature: _____ Date: _____

OFFICE USE ONLY	
_____ Payroll Representative Signature	_____ Date