



PAYROLL DEPARTMENT

PAYROLL DEDUCTION CANCELLATION REQUEST

Name: _____

Phone Number: _____

Last 4/Social Security Number: _____

Site/Location: _____

Please cancel the following deduction(s):

____ United Way / Combined Charities

____ Professional Educators Network

____ First Financial

____ F.A.S.A.

____ LCS Foundation

____ Tax Sheltered Annuity Provider (403B): _____

____ Deferred Compensation Provider (457B): _____

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.

Contact your Union Representative to cancel Union dues.

Employee Signature: _____ Date: _____

OFFICE USE ONLY

Payroll Representative Signature

Date