



CANCELLATION OF DEDUCTION AUTHORIZATION

EMPLOYEE'S NAME		DATE	
<small>LAST, FIRST M.I.</small>			
MAILING ADDRESS		SOC.SEC.NO or /EMPLOYEE NO.	
DEPARTMENT OR AGENCY NAME			DEPT. NO.
ACCOUNT NUMBER:	AMOUNT:	PAY PERIOD ENDING:	
PAYABLE TO INSTITUTION OR AGENCY:		VENDOR NUMBER:	

**I HEREBY AUTHORIZE THE DEPARTMENT OF ADMINISTRATION, PAYROLL ACCOUNTING & SERVICES
 BRANCH TO CANCEL MY PAYROLL DEDUCTION.**

 EMPLOYEE'S SIGNATURE

 DATE

NOTE: One (1) Original and a copy is needed to cancel payroll deduction.