

**PAYROLL DEPARTMENT
CANCELLATION FORM**

Name _____

Date _____

Please Print

Employee ID# _____

Please cancel my payroll deductions as checked.

Credit Union

- ACSA
- Concord Diablo Federal
- Metro One
- California Federal Teachers
- Provident – Burlingame

Income Protection

- American Fidelity
- CTA Income Protection
- Other _____

Life Insurance

- Standard
- Other _____

Dues

- DMA ACSA CCAE

Other

- _____
Company name

Please cancel my

- Direct Deposit**

Employee Signature _____