

# Discontinuance of Payroll Deduction(s) / Direct Deposit (Pursuant to Annual Open Enrollment)

I, \_\_\_\_\_ request the  
discontinuance of the following payroll deduction(s):

1. \_\_\_\_\_ Union Dues effective 30 days after date signed below.
2. \_\_\_\_\_ F.O.P. Dues
3. \_\_\_\_\_ Credit Union
4. \_\_\_\_\_ MetLife
5. \_\_\_\_\_ Pre-Paid Legal
6. \_\_\_\_\_ AFLAC (Discontinuance allowed only during the Open Enrollment Period)
7. \_\_\_\_\_ United Way
8. \_\_\_\_\_ Direct Deposit
9. \_\_\_\_\_ American Fidelity- Accident Policy (Discontinuance allowed only during the Open Enrollment Period)
10. \_\_\_\_\_ American Fidelity- Critical Illness Policy (Discontinuance allowed only during the Open Enrollment Period)
11. \_\_\_\_\_ American Public - Hospital Supplement Policy (Discontinuance allowed only during the Open Enrollment Period)
12. \_\_\_\_\_ Roth IRA
13. \_\_\_\_\_ Other: \_\_\_\_\_  
(Specify)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Number# \_\_\_\_\_