

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
11. _____ American Public - Hospital Supplement Policy (Discontinuance
allowed only during the Open Enrollment Period)
12. _____ Roth IRA
13. _____ Civic Center Membership
14. _____ Other: _____
(Specify)

Signature: _____ Date: _____

Employee Number# _____