

**MARTIN COUNTY SCHOOL DISTRICT  
PAYROLL DEPARTMENT  
CANCEL VOLUNTARY DEDUCTION FORM**

I hereby request that the following voluntary payroll deduction is cancelled effective \_\_\_\_\_.

Employee Name: \_\_\_\_\_  
(PRINT)

Employee ID#: \_\_\_\_\_  
(PRINT)

Department / School: \_\_\_\_\_

United Way: \_\_\_\_\_ YMCA: \_\_\_\_\_ Martin Memorial Wellness Center: \_\_\_\_\_

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

**NOTE:** To cancel other deductions not listed contact the following:

- Benefits Department: health, dental, life insurance, Fringe.
  - Union: Union Dues
  - Credit Union; contact Martin County Credit Union.
  - Direct Deposit; complete direct deposit form to cancel.
  - 403B Salary Reductions: Agent for Annuity Company
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For Payroll Department Only:

Deduction Code: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_