

# Berkeley Unified School District PAYROLL DEDUCTION CANCELLATION FORM

Name:

Date:

\_\_\_\_\_

Employee ID Number:

\_\_\_\_\_

Payroll Office: Please Cancel My Payroll Deduction As Checked:

CREDIT UNION:

TAX SHELTERED ANNUITY:

First US:

Company Name

CA. State Employees

\_\_\_\_\_  
\_\_\_\_\_

Cooperative Center

Provident

Other \_\_\_\_\_

Direct Deposit \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

**FOR PAYROLL DEPT. USE ONLY:**

PROCESSED \_\_\_\_\_

BY \_\_\_\_\_