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**_____

Rev September 13, 2007