

Alpine School District

Payroll Deduction Cancellation Form

Social Security No. _____

Employee Location _____

Employee's Name _____

Name of Deduction _____

I hereby authorize Alpine School District to cancel this
deduction effective _____, 2001

Signature

Payroll Office Use	
Ded. Code	_____
Amt.	_____
Rec.	_____
Ent.	_____
