

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

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

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

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

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

United Way: \_\_\_\_\_ YMCA: \_\_\_\_\_ Martin Health & Fitness Center: \_\_\_\_\_

Martin County Association of School Administrators (MCASA): \_\_\_\_\_

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

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

- Benefits Department: medical/dental/vision and other benefits
- Union: union dues (AFSCME, MCEA, FASA)
- Credit Union: contact Connect Credit Union
- Direct Deposit: complete direct deposit form to cancel
- Annuity: approved vendor for annuity company

---

For Payroll Department Only:

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

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