

# CANCELLATION FORM

Name \_\_\_\_\_  
Please Print

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Payroll Office**—Please cancel my payroll deductions as checked:

**Direct Deposit**

**Credit Union**

- Concord Diablo Federal 076
- Metro I 070
- California Federal Teachers 078
- Provident – Burlingame 072

**Tax Sheltered Annuity**

- Employee Paid Only

\_\_\_\_\_  
Company Name

**Other:**

\_\_\_\_\_  
Company Name

**Income Protection**

- Provident Income Protection 095
- Washington National 091
- American Fidelity 104
- Other \_\_\_\_\_

**Life Insurance**

- ACSA 110
- INA Administrators 116
- Provident Life 097
- Other \_\_\_\_\_

**Dues:**  DMA  ACSA

\_\_\_\_\_  
Signature