

Holmes District School Board

701 E Pennsylvania Ave
Bonifay, FL 32425

PAYROLL DEDUCTION CANCELLATION REQUEST

Employee _____ at _____
printed name school

Last 4 SSN _____ DOB _____ Employee ID# _____

I hereby authorize and instruct my employer to **STOP** my insurance deductions to:

_____ company name / type of insurance effective payroll date

_____ company name / type of insurance effective payroll date

_____ company name / type of insurance effective payroll date

_____ company name / type of insurance effective payroll date

Thank you,

_____ signed

_____ dated