**GAE / PAGE / EDUCATORS FIRST**

**PAYROLL DEDUCTION CANCELLATION FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, wish to discontinue the payroll deduction

for GAE / PAGE / EDUCATORS FIRST (**Circle One**).

I understand this does not cancel my membership with GAE / PAGE, and that I must contact GAE / PAGE / EDUCATORS FIRST to discuss cancellation of my membership.

All cancellations must be received 10 days prior to pay day.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Return **hand signed** Form to the PCSD Payroll Department

(Attention Jennifer Shipp or Nicole Weaver)