



PAYROLL DEDUCTION CANCELLATION FORM

NAME: _____

ID NUMBER: _____

DEDUCTION TYPE: _____

DEDUCTION AMOUNT: _____

EFFECTIVE DATE OF CANCELLATION: _____

SIGNATURE: _____

DATE: _____

To process the Payroll Deduction Cancellation the following is required:

Handwritten Signature is required on Form
Attach a copy of District ID Badge or valid Photo ID
Return completed Form to the PCSD Payroll Department
(Attention Jennifer Shipp or Nicole Weaver)

Revised 7-2025