

**Instructions:** Submit the completed form to the Payroll Office for processing.

Note: Notice of cancellation must be received in the Payroll Office no later than the 15<sup>th</sup> of the

month to become effective with that pay period.

To: Chaffey College Payroll Office			
Employee Printed Name	Social Security #		
Please cancel my previously authori	zed employee vol	untary dedu	action as follows:
Name of Company			Amount \$
		_	
		_	
		_	
Please make this effective with my next pa	ycheck.		
Signature	Date		