

AUTHORIZATION TO STOP PAYROLL DEDUCTIONS

I hereby authorize Camaeron County Payroll Department to discontinue payroll deduction and premium payments to/for the following company/companies listed below:

Please circle the deduction you would like to cancel:

CLAEAT/CCSDA

UNITED WAY

SECURITY 1ST

457 EMPOWER PLAN

VALLEY FEDERAL

DIRECT DEPOSIT

For Direct Deposit STOP provide:

Bank name: _____

Last 4 digits of current Bank Account: _____

For UNUM Supplemental Insurances Cancelations Disability, Life, Accident, Critical Illness
Contact the benefit specialist at Human Resource at (956) 544-0827

Employee Name: _____

Signature: _____

I.D. No: _____

Fund/Dept: _____

Date: _____

