

ALEXANDER CITY SCHOOL SYSTEM
NOTICE TO STOP A DEDUCTION FROM PAYROLL

Please Print:

Employee's Name	Social Security Number
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School

I hereby terminate my participation in the following payroll deduction _____ immediately.

Deduction Type

Signature	Date
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NOTE: This applies to deductions other than PEEHIP, Retirement, RSA Deferred Comp, FICA , Federal , State withholdings.