



APPALACHIAN STATE UNIVERSITY

**HUMAN RESOURCES**

**Payroll Deduction Cancellation Notice**

Employee Name:

Social Security Number:

Banner ID:

Please cancel the following payroll deduction with Appalachian State University:

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

*To assure cancellation for current month 's payroll, cancellation notice should be given to the Human Resource Services office by the 10th of the month. If cancellation notice is received after the 13th, deduction will not stop until the following month.*

**NOTE:** Regarding insurance matters, when **removing dependents** from any insurance policy, you **must** come by Human Resources to complete the appropriate change form.

**IMPORTANT:** If you do not want deduction to stop with your next paycheck, please indicate the pay period you wish deduction to begin: \_\_\_\_\_

**IMPORTANT:** Do not use this form for medical changes or 401K increases.  
**You will need to contact Human Resources with these changes.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*