

REQUEST FOR PAYROLL ACTION

Name _____ ID# _____
(please print)

⑨ I request the following cancellation be effective on my paycheck of _____, 2____.

_____ Safeco Auto/Home Insurance

_____ Black United Fund

_____ Federation Membership Dues ⑨ Classified ⑨ Faculty
(cancellation of membership dues will result in a deduction of Fair Share dues)

_____ Cope ⑨ Classified ⑨ Faculty

_____ Parking Fee (return your parking permit to the parking office)

_____ PCC Foundation

_____ Portland Teachers Credit Union

_____ Tax Deferred Annuity _____ (company name)

_____ U.S. Savings Bond

_____ United Way

_____ UNUM Lifestyle Insurance

_____ Other _____ (specify deduction description)

⑨ I authorize the cancellation of my direct deposit of my net pay to: (bank name) _____. I understand that completion of a new authorization will be necessary to initiate a new direct deposit.

This request must be received in the Payroll Office by the 15th of the month.

Signature _____ Date _____

NOTE: For changes or cancellations of Health and/or dental coverage, contact the Employee Benefits Department on extension 5859, 5860 or 5863.

SEND TO: Payroll Department, WCWTC 1513 or Fax to 533-2735