



CORRY AREA SCHOOL DISTRICT

CENTRAL ADMINISTRATION – PAYROLL OFFICE

540 East Pleasant Street, Corry, PA 16407-2246

(814) 664-4677 • Fax (814) 663-0849

<http://www.corrysd.net>

VOLUNTARY PAYROLL DEDUCTION CANCELLATION

Employee Name (PRINTED): _____

Please cancel my voluntary pay deduction of: (PLEASE PRINT CLEARLY)

This cancellation is effective with the _____ payroll. **

Pay Date

Deductions will be taken until all incurred charges are satisfied.

Employee Signature: _____ Date: _____

PLEASE NOTE:

**This form must be in the Payroll Office by the Wednesday (a week BEFORE) the pay you wish this cancellation to be effective.*

**One form per deduction cancellation.*

**Incomplete or improperly completed forms will be returned to the employee to complete/correct and re-submit.*

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For Payroll Office Use Only

Date Received: _____ Received by: _____ Date Entered: _____