

**PAYROLL DEDUCTION CANCELLATION FORM**

The undersigned hereby authorizes Western Michigan University (WMU) to stop taking the indicated deduction from their pay.

**Employee ID:**

**Employee Name:**

**Are you?**

**Faculty/Staff**

**Student**

**Are you?**

**Biweekly**

**Semi Monthly**

**Type of Deduction:**

\_\_\_\_\_

(Employee Authorizing Signature)

**Date Signed:**

(mm/dd/yyyy)

**Print, Sign and Return this card to the Payroll Department – 5250**

Rev. 03/15