



PAYROLL DEDUCTION CANCELLATION FORM

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

Employee ID or WIN:

Biweekly

Semimonthly

Employee Name:

Deduction Type:

Signature:

Date:

Print, Sign and Return to Payroll and Disbursements with your photo ID.

Location: 4000 Seibert Administration Building

Email: payroll-dept@wmich.edu

Phone: 269-387-2935