

# Insurance and Payroll Deduction Cancellation

Cullman County Commission • Payroll Department

500 2<sup>nd</sup> Ave SW, Cullman, AL 35055

I, \_\_\_\_\_, would like to cancel

(Your Name)

\_\_\_\_\_ due to

(Name of Insurance or Deduction)

\_\_\_\_\_.

(Reason for Cancellation)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date