



# CULLMAN COUNTY COMMISSION

## Insurance and Payroll Deduction Cancellation Form

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Employee #: \_\_\_\_\_

I would like to cancel the following payroll/insurance deduction(s):

<b>Deduction Description</b>	<b>Policy # (if applicable)</b>	<b>Reason for Cancellation</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employee Signature: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Return completed (signed) form to:

Cullman County Commission  
Payroll Department  
500 2<sup>nd</sup> Ave SW  
Cullman, AL 35055  
Fax: (256) 775-4670