



CITY OF FLINT, MICHIGAN
Department of Finance

TO: Finance Department/Payroll

FROM:

DEPARTMENT:

RE: DEDUCTION CANCELLATION FORM

I, _____ wish to cancel the following

deduction from by paycheck, effective _____.

Deduction: _____
(Name of Deduction to be cancelled)

Signed: _____

Dated: _____

Phone: _____