



GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
DIVISION OF ACCOUNTS - PAYROLL BRANCH
Post Office Box 884 # Hagatna, Guam 96932

CANCELLATION OF PAYROLL DEDUCTION

<i>EMPLOYEE'S NAME</i>		<i>SOCIAL SECURITY NO.</i>
<i>MAILING ADDRESS</i>		<i>TELEPHONE NOs.</i>
		HOME: WORK:
<i>DEPARTMENT/AGENCY</i>		<i>DEPARTMENT NO.</i>
<i>PAYABLE TO AGENCY</i>		<i>VENDOR NO.</i>
<i>ACCOUNT NO.</i>	<i>AMOUNT</i>	<i>PAY PERIOD ENDING</i>

I HEREBY AUTHORIZE THE DEPARTMENT OF ADMINISTRATION, PAYROLL BRANCH, TO CANCEL MY PAYROLL DEDUCTION.

EMPLOYEE'S SIGNATURE

DATE

NOTE: ONE ORIGINAL AND A COPY IS NEEDED TO CANCEL PAYROLL DEDUCTION.