

AUTHORIZATION TO STOP PAYROLL DEDUCTIONS

I hereby authorize Cameron County Payroll Department to discontinue payroll deduction and premium payments to/for the following company/companies listed below.

Please circle the deduction you would like to cancel:

- | | |
|----------------------------------|----------------------|
| Cleat | Valic Def. Comp |
| CCSA | Pebsco (Nation Wide) |
| Ameritas Dental (After Tax only) | United Way |
| Ameritas Vision (After Tax only) | Valley Federal |
| Security 1 st | AXA |
| Direct Deposit | |

Please specify the coverage you want to cancel:

- | | |
|------------------------------------|------------------------|
| AIG (After Tax Only) | CAIC |
| _____ | _____ |
| _____ | _____ |
| American Heritage (After Tax only) | Aflac (After Tax only) |
| _____ | _____ |
| _____ | _____ |

Employee Name: _____

Signature: _____

SSN: _____

Date: _____