

GOVERNMENT OF GUAM

(GUBETNOMENTON GUAHAN)

DEPARTMENT OF ADMINISTRATION

(DIPATTAMENTON ATMENESTRASION)
PAYROLL SECTION

(SEKSION SUETO)

Post Office Box 884; Hagåtña, Guam 96932 Tel: (671) 475-1195/1268 ~ Fax: (671) 472-9794



CANCELLATION OF DEDUCTION AUTHORIZATION

| EMPLOYEE'S NAME | | DATE | |
|---|----------------------|------------------------|--|
| LAST, | FIRST, MI | | |
| | | | |
| MAILING ADDDESS | | SOCIAL SECURITY NUMBER | |
| MAILING ADDRESS PO / ST NAME, CITY, S | | SUCIAL SECURITY NUMBER | |
| FO/ 31 NAME, CITT, S | STATE, ZIF | | |
| | | | |
| | | | |
| DEPARTMENT OR AGNECY NAME | | DEPT. NO. | |
| | | | |
| | | | |
| | | | |
| | | | |
| ACCOUNT NUMBER | | DAY DEDICE ENDING | |
| ACCOUNT NUMBER: AMOUNT: | | PAY PERIOD ENDING: | |
| | | | |
| | | | |
| | | | |
| | | | |
| PAYABLE TO INSTITUTION OR AGENCY: | VFN | NDOR NUMBER: | |
| TATABLE TO INCTITOTION ON AGENCY. | V =1 | IDON NOMBEN. | |
| | | | |
| | | | |
| | | | |
| | | | |
| I HEREBY AUTHORIZE THE DEPARTMENT OF ADMINISTRATION | N, PAYROLL AC | COUNTING & SERVICES | |
| BRANCH TO CANCEL MY PAYROLL DEDUCTION. | , | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | EMPLOYEE's CIONATURE | | |
| | EMPLOYEE's SIGNATURE | | |
| | | | |
| | | | |
| | - | | |
| | DAT | Έ | |

NOTE: One (1) Original and a copy is needed to cancel payroll deduction.