

CANCELLATION REQUEST FORM

Carrollton-Farmers Branch ISD

Do Not write in space below

Effective Date:

Payroll:

EMPLOYEE INFORMATION

TEAMS ID#

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Social Security No. – (last 4 digits only)

--	--	--	--	--

Last Name (*Print*)

First Name

MI

--	--	--

Please **CANCEL** the following:

ANNUITY – 403(b) or 457(b) (*Circle One*)

DIRECT DEPOSIT

CREDIT UNION OF TEXAS

PROFESSIONAL DUES - _____
(*payroll deduction*)

Employee's Signature

Date