

CANCELLATION FORM

I, _____ SS# _____ wish to cancel my participation in:

Direct Deposit Program offered by the Harlingen School District's payroll department. I would like to request that my paycheck be reassigned to

Voluntarily (Non-Cafeteria Plan) Deduction offered through payroll deduction. Please cease to make any further deductions from my salary effective as soon as possible.

(PLEASE INDICATE COMPANY NAME AND AMOUNT BELOW)

Tax Sheltered Annuity Plan I hereby revoke my salary reduction agreement with Harlingen Independent School District for the following 403 (b) and/or 403(b) (7) Plan(s):

(PLEASE INDICATE COMPANY NAME AND AMOUNT BELOW)

COMPANY NAME

AMOUNT

Termination Date: _____

Employee's Signature

Date

Employer's Signature

Date