



PAYROLL DEDUCTION/DEPOSIT CANCELLATION

Employee's Name: _____

Employee's Soc. Sec.: _____ Effective Date: _____

Please mark next to the plan(s) that you would like to have payroll deduction/deposit canceled on.

American Heritage Life Insurance

Accidental Death and Dismemberment

Blue Cross/Blue Shield

CNA-Disability

Deferred Compensation

Direct Deposit Bank's Name _____ Account # _____

Louisiana Dental Plan

New York Life

Post Life

U.S. Savings Bonds

By signing below, I am authorizing LSU Health Sciences Center in New Orleans' Payroll Department to cancel the payroll deduction/deposit on the effective date for the plans indicated.

Signature _____ Date _____

For Office Use Only

Deduction Code: _____