

**ALEXANDER CITY SCHOOL SYSTEM**  
**NOTICE TO STOP A DEDUCTION FROM PAYROLL**

Please Print:

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Employee's Name	Social Security Number
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School

I hereby terminate my participation in the following payroll deduction \_\_\_\_\_ immediately.

Deduction Type

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Signature

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Date

NOTE: This applies to deductions other than PEEHIP, Retirement, RSA Deferred Comp, FICA , Federal , State withholdings.