

**AUTHORIZATION FOR CANCELLATION OF
PAYROLL DEDUCTION**

The undersigned does hereby authorize the Rowan-Salisbury School System

To discontinue deducting the amount of \$_____

From his/her gross earnings each payroll beginning_____

In payment for_____

Name_____

Social Security #_____

School Location_____

Signature_____

Date_____

Please return to the payroll department or fax to 704-639-3135.