

CANCELLATION FORM

TO: DHR Payroll

SUBJECT: MARTA Employee's Payroll Cancellation

Please discontinue payroll deduction for the following:

Print Name _____

Social Security # _____

(or)

Employee's I.D. # _____

Request for deduction be deactivated on _____ (Date)

Employee's Signature

Date

(Please return this form to DHR Payroll Office of Financial Services, 26th Floor, 404-656-4178)