



**JUDSON INDEPENDENT SCHOOL DISTRICT  
DEDUCTION CANCELLATION FORM**

I \_\_\_\_\_, wish to cancel my  
(PRINTED EMPLOYEE NAME)

Deduction for:

\_\_\_\_\_  
(NAME OF ORGANIZATION/ UNION) (CODE)

Effective: \_\_\_\_\_

\_\_\_\_\_  
(EMPLOYEE SIGNATURE)

\_\_\_\_\_  
(CAMPUS/DEPARTMENT)

\_\_\_\_\_  
(EMPLOYEE ID# OR SS#)

Employee is paid:     Monthly         Biweekly