# PUEBLO OF ZUNI
# PAYROLL DEDUCTION CANCELLATION FORM

**EMPLOYEE#:** _____ **NAME:** _____

I, _____ want to cancel my payroll deduction for the following:

☐ HEALTH INSURANCE ☐ UNUM Supplemental Ins.

☐ DENTAL INSURANCE ☐ ASSURITY Supplemental Ins.

☐ VISION INSURANCE ☐ Water Deduction Account Name: _____

☐ GLOBAL LIFE Account #: _____ CREDIT BALANCE on Account: _____

☐ Other: _____

PLEASE SPECIFY (Zuni Rental Ent., Zuni Housing, etc….)

_____ _____

**EMPLOYEE Signature:** Date **WITNESSED by:** Date