

# Lurleen B. Wallace Community College Payroll Deductions/Changes

Attn: Payroll Department

Date \_\_\_\_\_

Please discontinue my payroll deducted contribution to:

\_\_\_\_\_

\_\_\_\_\_

Please change my payroll deducted contributions to the following amounts:

\_\_\_\_\_

\$ \_\_\_\_\_ Per Pay Period

\_\_\_\_\_

\$ \_\_\_\_\_ Per Pay Period

Please make this change effective \_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Social Security Number