

# VOLUNTARY PAYROLL DEDUCTION TERMINATION

To: Payroll Department

From: \_\_\_\_\_  
Employee Name

Please stop my contribution to: \_\_\_\_\_  
Name of Entity

Beginning with the pay date of \_\_\_\_\_

I understand that in order to restart contributions, a new salary reduction agreement (SRA) must be completed.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date