



CITY OF FLINT, MICHIGAN
Department of Finance

Dayne A. Walling
Mayor

Michael A. Townsend
Finance Director

TO: Payroll Department

FROM:

DEPARTMENT:

RE: DEDUCTION CANCELLATION FORM

I, _____ wish to cancel the following deduction

from my paycheck, effective: _____.

Status:

_____ **Active Employee**
_____ **Retiree**

Deduction: _____

(Name of Deduction to be cancelled)

Signed: _____

Dated: _____

Phone: _____