



Colonial Deduction Cancellation

To Stop Payroll Deductions for Colonial Policies

EMPLOYEE INFORMATION	
Name:	Employee Number:
Department:	

CANCELLATION INFORMATION	
Deduction to Cancel:	
<input type="checkbox"/> Colonial Cancer	<input type="checkbox"/> Colonial Whole Life
Effective Date:	

I hereby authorize *Madison County Commission – Payroll Department* to cancel the payroll deductions listed on the effective date above.

Further, I understand that I will not be able to reinstate these deductions once payroll deductions have been stopped and the respective policy will be terminated.

Employee Signature:

Date:
