



Payroll Deduction CANCELLATION Form

Name: _____ Date: _____

Last 4 digits of SS#: _____ Body Shop Key Tag: _____

Please circle: Employee Spouse Sponsored Dependent

Please check: Bi-weekly/Monthly

Employee signature: _____ UK Person ID: _____

Print Employee Name: _____

Spouse/Sponsored Dependent Name:

(If spouse or sponsored dependent, employee must sign for payroll deduction cancellation.)

***Return Body Shop key tag with this form.**