



## Discontinue Deduction Form

Name: \_\_\_\_\_

Department: \_\_\_\_\_ Employee #: \_\_\_\_\_

I wish to discontinue my payroll deduction to:

\_\_\_\_\_ Commonwealth Health Free Clinic

\_\_\_\_\_ Hospitality House

\_\_\_\_\_ Other

I understand that I must complete this form and return it to Commonwealth Health Foundation in order to discontinue deductions.

I understand that, in the case where I have completed multiple authorization forms, that the most recent authorization form will supersede all others.

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date

*Please return this form to Commonwealth Health Foundation*