



FINANCIAL AFFAIRS - PAYROLL DEPARTMENT OF EDUCATION

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JUDITH T. WON PAT, Ed.D.
Acting Superintendent of Education

CANCELLATION OF DEDUCTION AUTHORIZATION

Employee Name: _____

Employee ID #: _____
(Social Security Numbers are NO LONGER ACCEPTED.)

Payee/Vendor: _____
(Which deduction are you going to cancel?)

Amount of Deduction: \$_____ Effective PPE Date: _____
(Exact amount on your check stub bi-weekly)

Please check box: [☐] Complete Cancellation

I hereby authorize the Department of Education, Payroll Office to cancel my payroll deduction.

Signature of Employee

Date

NOTE: DO **NOT** USE THIS FORM FOR CANCELLATION WITH THE FOLLOWING VENDORS:

- 1) Coast360 Federal Credit Union
- 2) Guam Federation of Teachers
- 3) Treasurer of Guam (Child Support, etc.)
- 4) Marshall's Office
- 5) Superior Court of Guam
- 6) Guam Memorial Hospital
- 7) Department of Revenue and Taxation
- 8) Small Business Administration (S.B.A.)
- 9) Guam Housing Corporation
- 10) ALL **403B** accounts (**MUST** go through ASC Trust Corp.)
- 11) ALL STANDARD DEDUCTIONS**
(i.e. Medical, Dental, and Basic Life Insurance)
- 12) Government of Guam Retirement Fund, 457-01 and 457-Loans

*Cancellation of deductions with these vendors must be processed at
THEIR OFFICES with **THEIR FORMS**.*

STANDARD DEDUCTIONS (Medical Insurance, Dental Insurance, Basic Life Insurance)
MUST be cancelled at the Department of Education- Personnel Office.