



Maricopa County
Human Resources Department

Cancellation of Deduction Request

Name _____ Employee ID# _____
(Last, first) Low Org: _____

Please cancel my deduction for:

Charity

Union Dues

Other _____
(Please specify)

(Signature) Date _____

Maricopa County
Payroll & Employee Records Division
301 West Jefferson Street
Suite 220
Phoenix, AZ 85003-2143