



DEDUCTION CHANGE FORM

NAME _____

DEPARTMENT _____

SOCIAL SECURITY # _____

EMPLOYEE # _____

SIGNATURE _____

DATE _____

PLEASE **ADD**
 CHANGE
 CANCEL
(CIRCLE ONE)

the following deduction(s) from my paycheck as of pay period ending _____ .

Accident – Professional Insurance

Cancer – American Family (AFLAC)

Cancer—Loyal American

Clarksville Athletic Club

Colonial Life and Accident

Deferred Comp (Nationwide)

FOP Union Dues

Reliastar (additional form must be signed in payroll)

Preferred Benefits

Southern State Police Benevolent Union

Union Dues—Clarksville Police Union Local #18

Union Dues –FIREFIGHTERS Local 3180

United Way

After downloading this form, please complete and deliver to payroll in person.