

# Authorization to Stop Payroll Deduction(s)

Please complete all applicable information and return the signed form to the Human Resource Office,  
Wheeling Campus, Room 102E, 1704 Market Street, Wheeling, WV 26003

Employee Name:  Last 4 digist of Social Security #:

**I am authorizing WVNCC Payroll Office to stop the following payroll deduction(s):**

<u>DEDUCTION</u>	<u>TYPE CODE</u>	<u>EFFECTIVE DATE</u>
<input type="checkbox"/> American General LF & AGC	807	_____
<input type="checkbox"/> American General Life Insurance	825	_____
<input type="checkbox"/> Capitol American Life Insurance	370	_____
<input type="checkbox"/> Foundation Contribution	770	_____
<input type="checkbox"/> Foundation-College Square Campus	770	_____
<input type="checkbox"/> Teachers RETirement Loan	685	_____
<input type="checkbox"/> Standard Group Disability	675/676	_____
<input type="checkbox"/> TIAA Supplemental (403)	339	_____
<input type="checkbox"/> Greatwest Supplemental (403)	377	_____
<input type="checkbox"/> TIAA Supplemental (457)	328	_____
<input type="checkbox"/> Greatwest Supplemental (457)	329	_____
<input type="checkbox"/> United Way Upper Ohio Valley	702	_____
<input type="checkbox"/> Prepaid Legal Service	686	_____
<input type="checkbox"/> US Savings Bonds	699	_____
<input type="checkbox"/> State Credit Union		_____
<input type="checkbox"/> Steel Works Credit Union		_____
<input type="checkbox"/> Other		_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Human Resource Office Use Only:	
Payroll Date Deduction Stopped: _____	Payroll Business Clerk Initials _____