



Cancellation of Payroll Deduction For Association Dues *City of St. Charles School District*

- Please cancel my payroll deduction for association dues. (circle one)

SCEA

MSTA

SCESSA

- I understand and agree that:
 - District policy requires me to provide 30 days notice of such cancellation,
 - I will notify the association I have cancelled this payroll deduction,
 - a copy of this form will be sent to the association.
 - any remaining financial obligations owed by me to the association are my sole responsibility and the District is not responsible for paying or ensuring payment of any such obligations.
 - it is my responsibility to ensure receipt of any services still owed me by the association and the District is not responsible for delivering or ensuring delivery of such services.
 - The District neither encourages nor discourages membership in a particular association.

(Employee's Name- Printed)

(Employee ID #)

(Employee's Signature)

(Date)

Please sign and date this form and return it to Lavenia Draper in the Business Office.