

CANCELLATION NOTICE

NAME _____ DATE _____

DEPARTMENT _____

I WISH TO CANCEL MY PAYROLL DEDUCTION FOR THE FOLLOWING:

_____ UNION LOCAL #1868 (AFSCME)

_____ UNION LOCAL #238 (TEAMSTERS)

_____ UNITED WAY CAMPAIGN

_____ UNITED NEGRO FUND CAMPAIGN

_____ IOWA SHARES CAMPAIGN

_____ YMCA

_____ PEOPLES

_____ NATIONAL DRIVE

EMPLOYEE'S SIGNATURE