



PAYROLL DEDUCTION CANCELLATION

ACCOUNT NO. _____ **SSN:** _____ **NAME:** _____

PAYROLL SOURCE (*Check one*):

<input type="checkbox"/> FH (<i>Florida Hospital</i>)	<input type="checkbox"/> FPMG (<i>FL Physicians Med Grp</i>)	<input type="checkbox"/> FHCC (<i>Centra Care</i>)	<input type="checkbox"/> SSCI (<i>Sunbelt Sys.</i>)
<input type="checkbox"/> SBCR (<i>Adventist Health Sys- Corp</i>)	<input type="checkbox"/> FCO (<i>FL Conference</i>)	<input type="checkbox"/> SEC (<i>SE Conference</i>)	<input type="checkbox"/> FLNC (<i>FL Living</i>)

Please cancel my payroll deductions. I have successfully set up Direct Deposit to my AdventHealth CU account.

Signature: _____

Date: _____