
**CANCELLATION OF COLLECTION'S DEDUCTION
AUTHORIZATION**

Employee Name _____

ID # _____

Contact Number  _____

Department / Unit _____

Vendor UOG Accounting / Collections (UG52)

Account Number _____

Amount to Cancel _____

Effective Date _____

I HEREBY AUTHORIZE THE UNIVERSITY OF GUAM, PAYROLL OFFICE TO
CANCEL MY PAYROLL DEDUCTION.

Signature of Employee

Date

Signature of Collection Agent

Date

Signature of Bursar/Comptroller

Date