



The Board of Education of School District No. 34 (Abbotsford)

PAYROLL SAVINGS PLAN (For Teachers) CANCELLATION FORM

Once completed, please return this form to the Payroll Department **no later than June 20 (every year)**

I, _____, (Employee No. _____)
(Print Name)

Do not wish to continue to participate in the Teachers' Payroll Savings Plan in the following school year.

(Date)

(Signature)