

USAG-MIAMI
CFC
PAYROLL DCPS STOP PAYMENT FORM

DATE: _____

EMPLOYEE NAME: _____

DATE CONTRIBUTIONS STARTED: _____

AMOUNT OF CONTRIBUTIONS: _____

DATE TO STOP CONTRIBUTIONS: _____

AMOUNT OF CONTRIBUTIONS TO STOP: _____

By completing this form, you are authorizing the CSR to stop the contribution amount listed above (*amount of contributions to stop.*) This action should take effect the beginning of the next full pay period.

Employee Signature

Date:

CSR Signature

Received Date:

Processed Date: