



Cancellation of Organization Dues From Payroll Withholdings

(See Privacy Act Statement on Reverse)

Part A — Completed by Employee

1. Employee Name (Print — Last, First, MI)	2. Social Security Number
3. Post Office Name and State	4. Post Office Finance Number
5. Name of Organization and Code (See reverse side for organizations and codes)	6. Employee's Dues Deduction Anniversary Date

7. I hereby certify that I sent copy 2 of this cancellation to the above named organization's national office VIA CERTIFIED MAIL on this date, _____ as notice of my intention to discontinue payroll withholdings.



Notice must be received within the required window period (see ELM, Chapter 9). Notice to the organization must be sent by certified mail to organization's national office, as directed in ELM, Chapter 9.

Employee Must Sign & Date (Mo., Day, Year)

Part B — Completed by Employing Office

Date Form Received in the Employing Office	Original and Copy 2 Will Be Separated by Processing Center
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Part C — Completed by Processing Center

1. Date Form Received (Mo., Day, Year)	▶
2. Organization Code	▶
3. Effective Pay Period — Year	▶
4. Date Processed (Mo., Day, Year)	▶
5. Verified By (Initials)	▶

6. Form Will Not Be Processed and Is Being Returned to the Employee Because:

- Not received within the required 20 - 10 day window period (see notice in Part A, no. 7)
- Not currently employed in the organization shown
- Form incomplete. See item _____.
- Explain: _____

FOR DDE/DR USE

Entered By	P/P	Initials
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