



STOP PAYROLL DEDUCTION

Please **STOP** my _____ payroll deduction
on the next pay period.

Last Name _____ First Name _____ MI _____

CWU ID _____ SS# (If no CWU ID) _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Signature _____ Date _____

Return Original To:

CWU Payroll Office
Mail Stop 7479
2nd Floor, Mitchell Hall
400 East University Way
Ellensburg, WA 98926
(509) 963-2221