

BOSTON UNIVERSITY
OFFICE OF THE COMPTROLLER
PAYROLL DEPARTMENT

PAYROLL SAVINGS BOND CANCELLATION FORM

DIRECTIONS

1) Please PRINT or TYPE all requested information.

2) SIGN THE FORM.

3) RETURN DIRECTLY TO: Boston University
Payroll Office, Lower Level
881 Commonwealth Avenue
Boston, MA 02215
OR: FAX / 353-0862

NOTE: Savings Bond deduction will end by the next payroll date if this form is submitted by Monday (for weekly employees) or by the 12th (for monthly employees)..

NAME: _____ SOCIAL SECURITY NUMBER: _____

TYPE OF EMPLOYEE: Faculty Staff Student

I hereby authorize my employer, Boston University, to cancel the deduction for savings bonds from my paycheck.

EMPLOYEE SIGNATURE: _____ DATE: _____