

Texas Tech

State Employee Charitable Contribution Cancellation Form

Name _____

SSN _____

Work Phone Number _____

Employer (check one) _____ TTU _____ TTUHSC

Charity to be cancelled: (code, or name, or "All") _____

Amount to be cancelled (dollar amount or "All") _____

Effective date of cancellation _____

Signature _____

Return form to Payroll Benefits Accounting, Attn SECC, MS 1092, or US mail to PO Box 41092, Lubbock TX 79409 or bring to Drane Hall room 224

SECC cancel