

*Morgan County Schools*

David Banks, Superintendent  
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EVERY CHILD  
EVERY DAY

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**Deduction Cancellation/Modification for Supplemental Benefit Plans**

I hereby request the Payroll Department of Morgan County Schools to STOP/MODIFY my payroll deduction to the following: **(Do Not Use this Form for Annuity Contributions)**

\_\_\_\_\_ \$ \_\_\_\_\_ as of: \_\_\_\_\_  
**Name of Deduction                      Amount                      Effective Date**

Employee – Printed Name \_\_\_\_\_ ID# 958-00- \_\_\_\_\_

Employee – Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:

**Morgan County BOE  
Payroll Department  
Attn: Angela Beddow**