

# Killeen Independent School District Deduction/Cancellation Form



Employee Name: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

## Deduction Name:

- Association of Texas Professional Educators (ATPE)
- Texas State Teacher Association/Killeen education Association (TSTA)
- Killeen Classroom Teachers Association/Texas Classroom Teachers Association (KCTA/TCTA)
- Texas Industrial Vocation Association (TIVA)
- Killeen Federation of Teachers (KFT)
- Killeen Area Alliance of Black School Educators (KAABSE)
- Tarleton State University
- Genworth Financial
- Other \_\_\_\_\_

## Please do the following: (select one)

- I would like to change the deduction amount to: \$\_\_\_\_\_ effective date of: \_\_\_\_\_.
- I would like to stop and cancel my deduction with the effective date of: \_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus/Department

\_\_\_\_\_  
Position