

**Stafford County Public Schools**  
**Payroll and Benefits Department**  
**Deduction Discontinuation Form**

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

Base location: \_\_\_\_\_ Position: \_\_\_\_\_ Elementary  
Secondary

**Changes – Complete applicable spaces**

**OLD**

**NEW**

403(b)/457(b) \$ \_\_\_\_\_  
 Pretax \_\_\_\_\_ Roth After Tax \_\_\_\_\_

403(b)/457(b): \$0.00 / Discontinue Deduction \_\_\_\_\_  
 Contact your investment representative to change amount.

403(b)/457(b) \$ \_\_\_\_\_  
 Pretax \_\_\_\_\_ Roth After Tax \_\_\_\_\_

403(b)/457(b): \$0.00 / Discontinue Deduction \_\_\_\_\_  
 Contact your investment representative to change amount.

Apple Fed Credit Union \$ \_\_\_\_\_

Apple Fed Credit Union \$0.00 / Discontinue Deduction: \_\_\_\_\_  
 Use Apple Federal Credit Union Allocation Form  
 to change amount.

Virginia Credit Union \$ \_\_\_\_\_

Virginia Credit Union \$0.00 / Discontinue Deduction \_\_\_\_\_  
 Request Virginia Credit Union Allocation form  
 to change amount.

SEA: \_\_\_\_\_

Discontinue Membership \_\_\_\_\_

Effective Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_