



**Cancellation of Payroll Deduction  
For Association Dues**  
*City of St. Charles School District*

- Please cancel my payroll deduction for association dues. (circle one)

SCEA

MSTA

SCESSA

- I understand and agree that:
  - District policy requires me to provide 30 days notice of such cancellation,
  - I will notify the association I have cancelled this payroll deduction,
  - a copy of this form will be sent to the association.
  - any remaining financial obligations owed by me to the association are my sole responsibility and the District is not responsible for paying or ensuring payment of any such obligations.
  - it is my responsibility to ensure receipt of any services still owed me by the association and the District is not responsible for delivering or ensuring delivery of such services.
  - The District neither encourages nor discourages membership in a particular association.

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(Employee's Signature)

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(Date)

Please sign and date this form and return it to Kelley Pendleton in the Benefits Office.