



MATC Payroll Office
211 North Carroll Street
Madison, WI 53703-2285
Phone (608) 258-2436

Salary Reduction Agreement Discontinuation

Please discontinue my Salary Reduction Agreement to have funds remitted to

_____ (Company Name) effective with the

_____, 20 _____ payroll.

Employee Signature

Date Signed

Print Name

Signature of Employer

Date Signed

Note: This form must be submitted to the Payroll Office at least fourteen (14) days prior to the payroll date listed.