



**Business Office**  
304 New York Avenue  
P.O. Box 6588  
Oak Ridge, TN 37831  
(865) 425-9004  
(865) 425-9060 Fax

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**ORPSEF DONATION PAYROLL DEDUCTION**  
**CANCELLATION FORM**

I hereby request the cancellation of my recurring payroll deduction for The Oak Ridge Public Schools Education Foundation.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance Director

\_\_\_\_\_  
Date