

**DUES DEDUCTION CANCELLATION FORM**

I hereby cancel my COHE dues deduction authorization, effective with the \_\_\_\_\_ (month/year) payroll period. I agree to pay to COHE any outstanding balance of unpaid membership dues prior to August 31.

Name \_\_\_\_\_

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

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Department \_\_\_\_\_

Institution \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date received by payroll office \_\_\_\_\_

NOTE: Payroll office will forward a copy of the completed form to the president of the institutional COHE chapter within five (5) days following receipt.