



**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.