



# Voluntary Deduction Cancellation Form

Please use this form to advise the Payroll Department should you wish to cancel any voluntary payments

Please complete sections 1. EMPLOYEE DETAILS, 2. SUBSCRIPTION DETAILS and 3. SIGNATURE and DATE in BLOCK CAPITALS

## 1. EMPLOYEE DETAILS

This section must be completed *in full* in order for your records to be updated. Without these details it may not be possible to identify your record

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Employee No.  | <input style="width: 100%; height: 20px;" type="text"/>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Date of Birth   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"> <input style="width: 100%; height: 20px;" type="text"/> </td> <td style="width: 5%; text-align: center;">/</td> <td style="width: 25%; text-align: center;"> <input style="width: 100%; height: 20px;" type="text"/> </td> <td style="width: 5%; text-align: center;">/</td> <td style="width: 40%; text-align: center;"> <input style="width: 100%; height: 20px;" type="text"/> </td> </tr> <tr> <td style="text-align: center;">D D</td> <td></td> <td style="text-align: center;">M M</td> <td></td> <td style="text-align: center;">Y Y Y Y</td> </tr> </table>   | <input style="width: 100%; height: 20px;" type="text"/> | /   | <input style="width: 100%; height: 20px;" type="text"/> | /   | <input style="width: 100%; height: 20px;" type="text"/> | D D   |   | M M   |   | Y Y Y Y   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <input style="width: 100%; height: 20px;" type="text"/> | /   | <input style="width: 100%; height: 20px;" type="text"/> | /   | <input style="width: 100%; height: 20px;" type="text"/> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| D D   |   | M M   |   | Y Y Y Y   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| NI Number   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"> <input style="width: 100%; height: 20px;" type="text"/> </td> <td style="width: 10%; text-align: center;"> <input style="width: 100%; height: 20px;" type="text"/> </td> <td style="width: 10%; text-align: center;"> <input style="width: 100%; height: 20px;" type="text"/> </td> <td style="width: 10%; text-align: center;"> <input style="width: 100%; height: 20px;" type="text"/> </td> <td style="width: 10%; text-align: center;"> <input style="width: 100%; height: 20px;" type="text"/> </td> <td style="width: 10%; text-align: center;"> <input style="width: 100%; height: 20px;" type="text"/> </td> <td style="width: 10%; text-align: center;"> <input style="width: 100%; height: 20px;" type="text"/> </td> <td style="width: 10%; text-align: center;"> <input style="width: 100%; height: 20px;" type="text"/> </td> <td style="width: 10%; text-align: center;"> <input style="width: 100%; height: 20px;" type="text"/> </td> </tr> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">A</td> <td style="text-align: center;">N</td> <td style="text-align: center;">N</td> <td style="text-align: center;">N</td> <td style="text-align: center;">N</td> <td style="text-align: center;">N</td> <td style="text-align: center;">N</td> <td style="text-align: center;">A</td> </tr> </table>   | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | A   | A   | N   | N   | N   | N   | N   | N   | A   |   |   |   |   |   |
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| Forename(s)   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> </tr> </table>  | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |   |
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| Surname   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> <td style="width: 12.5%;"><input style="width: 100%; height: 20px;" type="text"/></td> </tr> </table> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
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## 2. SUBSCRIPTION DETAILS

I wish to cancel the following Union Subscription...

|  |  |     |     |     |     |
|--|--|-----|-----|-----|-----|
| <input type="checkbox"/> Unite - Transport & General Workers Union<br><input type="checkbox"/> Unison<br><input type="checkbox"/> University & College Union (UCU)<br><input type="checkbox"/> Union of Construction Allied Trades and Technicians (UCATT) | <p style="text-align: center; margin-bottom: 0;"><u>Payroll Use only</u></p> <table style="width: 100%;"> <tr><td style="text-align: center;">541</td></tr> <tr><td style="text-align: center;">523</td></tr> <tr><td style="text-align: center;">525</td></tr> <tr><td style="text-align: center;">526</td></tr> </table> | 541 | 523 | 525 | 526 |
| 541  |  |     |     |     |     |
| 523  |  |     |     |     |     |
| 525  |  |     |     |     |     |
| 526  |  |     |     |     |     |

I wish to cancel the following Medical Subscription...

|  |   |                 |   |
|--|---|-----------------|---|
| <input type="checkbox"/> Mercia Health<br><input type="checkbox"/> BUPA<br><input type="checkbox"/> BHSF | <p style="text-align: center; margin-bottom: 0;"><u>Payroll Use only</u></p> <table style="width: 100%;"> <tr><td style="text-align: center;">531 &amp; 532 &amp; 544</td></tr> <tr><td style="text-align: center;">535 (email <a href="mailto:rewards@warwick.ac.uk">rewards@warwick.ac.uk</a>)</td></tr> </table> | 531 & 532 & 544 | 535 (email <a href="mailto:rewards@warwick.ac.uk">rewards@warwick.ac.uk</a> ) |
| 531 & 532 & 544  |   |                 |   |
| 535 (email <a href="mailto:rewards@warwick.ac.uk">rewards@warwick.ac.uk</a> )                            |   |                 |   |

I wish to cancel my Give As You Earn deduction..

|                               |  |     |
|-------------------------------|--|-----|
| <input type="checkbox"/> GAYE | <p style="text-align: center; margin-bottom: 0;"><u>Payroll Use only</u></p> <table style="width: 100%;"> <tr><td style="text-align: center;">509</td></tr> </table> | 509 |
| 509                           |  |     |

## 3. SIGNATURE and DATE

I hereby authorise the above amendment(s) to my records

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

The amendment(s) stated above cannot be applied without a signature

## FOR PAYROLL USE ONLY

|  |  |
|--|--|
| Actioned by _____<br><br>Date actioned _____ | <p style="text-align: center; margin-bottom: 0;">Payroll Office: Stamp Received Date</p> |
|--|--|

### Staff Privacy Notice:

As a member of staff, we ask that you read our updated Staff Privacy Notice carefully as it contains important information on how and why we collect, store, use and share your personal data, your rights in relation to your personal data and who to contact in the event that you have a query or complaint