



## Christmas Savings Club Withdrawal Form

Employee Name: \_\_\_\_\_

Employee Social Security #: \_\_\_\_\_

Client Company Name: \_\_\_\_\_

Refund Amount: \$ \_\_\_\_\_

**PLEASE CHECK ONE:**     CONTINUE DEDUCTIONS     STOP DEDUCTIONS

**PLEASE CHECK ONE:**     INCLUDE IN PAYROLL CHECK

MAIL TO EMPLOYEES HOME ADDRESS  
(AS INDICATED ON PRIOR CHECK)

DIRECT DEPOSIT

EMPLOYEES SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(REMINDER: THERE IS A 48-HOUR WAITING PERIOD FOR WITHDRAWAL REQUESTS.)

PLEASE MAIL OR FAX TO:

118 East Dallas Street • Canton, TX 75103  
Phone: (903) 567-4500  
Fax: (903) 567-2079  
[www.staffingandpayroll.com](http://www.staffingandpayroll.com)