



THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

**CANCELLATION OF UNITED STATES SAVINGS BOND
PAYROLL SAVINGS PLAN**

EMPLOYEE (Last) _____ (First) _____ (M.I.) _____	EMPLOYEE NO. _____	SOCIAL SECURITY NUMBER _____	WORK LOC. NO. _____
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FOR OFFICE USE ONLY			
BOND ACCOUNT NUMBER	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

PLEASE CANCEL BOND AS REGISTERED BELOW:

OWNER _____ (First) _____ (M.I.) _____ (Last) _____	SOCIAL SECURITY NUMBER _____
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CO-OWNER <input type="checkbox"/> (First) _____ (M.I.) _____ (Last) _____ OR BENEFICIARY <input type="checkbox"/>	SOCIAL SECURITY NUMBER _____
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<input type="checkbox"/> SERIES I	<input type="checkbox"/> SERIES EE
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DENOMINATION (<i>CHECK ONE</i>)	DEDUCTION AMOUNT (<i>CHECK ONE</i>)			
\$ 100 <input type="checkbox"/>	\$ 5.00 <input type="checkbox"/>	\$ 12.50 <input type="checkbox"/>	\$ 50.00 <input type="checkbox"/>	\$ 125.00 <input type="checkbox"/>
200 <input type="checkbox"/>	6.25 <input type="checkbox"/>	20.00 <input type="checkbox"/>	62.50 <input type="checkbox"/>	250.00 <input type="checkbox"/>
500 <input type="checkbox"/>	10.00 <input type="checkbox"/>	25.00 <input type="checkbox"/>	100.00 <input type="checkbox"/>	

EMPLOYEE'S SIGNATURE _____ DATE _____