

REQUEST TO CANCEL MWR RECIPROCITY

*** Please complete all fields.

-

NAME: _____

CONCORDIA ID#: _____

PHONE #: _____

EMAIL: _____

CANCELLATION EFFECTIVE DATE (Month/Date/Year): ____ / ____ / ____

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I have completed an Address Change form: YES NO

I would like to cancel my MWR Reciprocity form and have MN taxes withheld from my paycheck. I understand this will go into effect with the first available payroll period after the effective date and will not be retroactive.

SIGNATURE

DATE