

# PRE-AUTHORIZED CONTRIBUTION APPLICATION

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

My preferred method of contributing is:

- Directly from my chequing account  
(I am including a VOID cheque)
- From my VISA or my MasterCard  
Credit Card #: \_\_\_\_\_ CVV \_\_\_\_\_  
Expiry date: MM/YY Credit card receipt required: Y N

I authorize Saskatchewan Pension Plan and my financial institution to begin contributions to my plan from my chequing account/credit card. I understand that this authority remains in effect until I give Saskatchewan Pension Plan written notification to stop payments, or until Saskatchewan Pension Plan has sent me a written notice to terminate this agreement, which I agree the Plan has the authority to do.

Signature: \_\_\_\_\_

(You must have signing authority for this account/credit card. For joint accounts, all depositors must sign when more than one signature is required on a cheque issued against that account.) Please include a "VOID" personal cheque for this bank account.

Please choose one option:	
<b>Monthly:</b>	1st or 15th
Amount: \$	Start Date: MM/YY
<b>Bi-monthly:</b>	1st or 15th
Amount: \$	Start Date: MM/YY
<b>Annual</b>	1st or 15th
Amount: \$	<b>Start Date:</b> MM/YY

Complete for spousal deduction only.	
Spouse Name	
Spouse SIN	

SPP use only:	CID:	Entered Date:
---------------	------	---------------