

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 #:

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:	
Monthly:	1st or 15th
Amount: \$	Start Date: MM/YY
Bi-monthly:	1st or 15th
Amount: \$	Start Date: MM/YY
Annual	1st or 15th
Amount: \$	Start Date: MM/YY

Complete for spousal deduction only.	
Spouse Name	
Spouse SIN	

SPP use only:	CID:	Entered Date:
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