

Employer Pre-Authorized Contributions

Company Name: _____

Company Address: _____

Company Phone Number: _____

Email: _____

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

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

I authorize Saskatchewan Pension Plan and my financial institution to begin contributions for my employees from the company 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: _____

(Signature of company signing authorities. All signing authorities must sign when more than one signature is required on a cheque issued against the account.)

SPP use only: Employee Name:	CID:	Entered Date:
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