



# 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 company cheque)

From my VISA or my MasterCard  
Credit Card #: \_\_\_\_\_

Expiry date: MM/YY      Receipt required:    Y    N

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

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

SPP use only  
Employee Name:

CID: