



**NEW CANADA SAVINGS BONDS**  
 NOUVELLES OBLIGATIONS D'EPARGNE DU CANADA

This form can be filled in online before printing and signing.

**Payroll Deduction Form**

Use this form if you are already participating in the Payroll Savings Program and want to change the amount deducted from each pay.

EE#

Last Name

Middle Name

First Name

Social Insurance Number  -  -

Work Phone  -

**Total Payroll Deduction Amount Per Pay**

Please indicate how much in total you want deducted from each pay to cover bond purchases.

Payroll Deduction Amount Per Pay

Canada Savings Bond Purchase \$  .00

Should you wish to revise the individual amount allocated to your plan, you **must** contact the Bank of Canada at 1-877-899-3599. If the information on file does not match the total amount deducted, it will be prorated across your plan.

When you sign this form and return it to your employer, and when your employer communicates the above changes to the Bank of Canada, your agreement to purchase bonds will be amended accordingly, taking into account any reallocation you will have communicated to the Bank of Canada. All other terms of the agreement will remain in force. You understand that your employer will continue to make these payroll deductions unless you tell your employer otherwise.

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Return your signed form to the Finance Department.*