

Community Living Society

Direct Withdrawal Authorization Form For Monthly MSP Premiums

Employee #

Employee Last Name

Employee First Name

This form is fillable online before printing and signing.

I hereby authorize the Community Living Society to Debit my account in the amount of \$ _____ payable on the first of the month beginning (Month, Year)

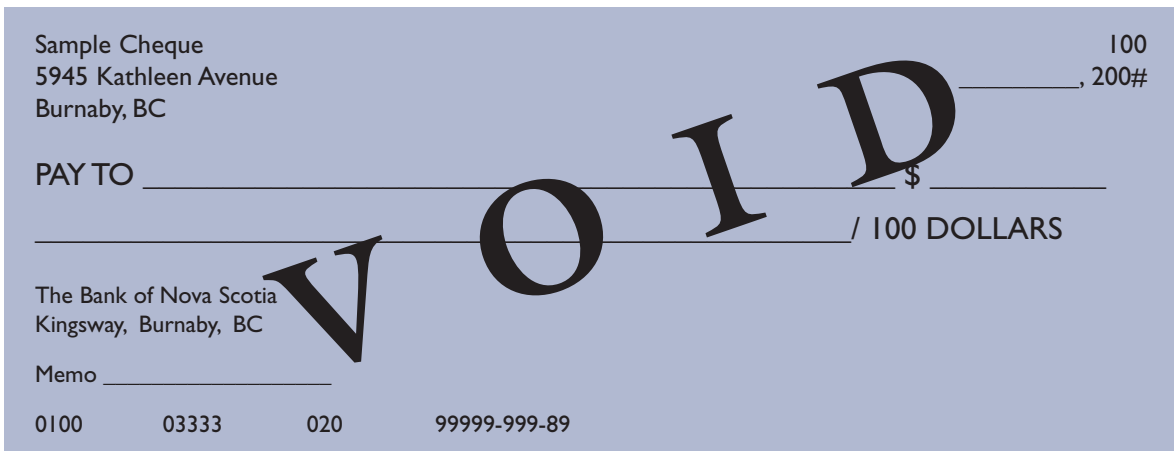
It has been explained to me why it is preferable to debit my account for my share of the MSP premiums that I must pay during my leave of absence, including any overdue payments. I also understand that the amounts debited from my account may be required to vary. I have read and understood the terms of this authorization.

Signed by _____ Date _____

Please attach a voided personal cheque to this form.

If you do not have a chequing account, please provide a copy of your bank statement with only the account #'s being visible. No manual reproductions will be accepted and CLS is not responsible for any errors due to hand written bank account submissions.

Then forward this form to the Finance Department at the CLS Administrative Office.



For Payroll Use Only

Bank #

Transit #

Account #