

# Community Living Society

## Direct Withdrawal Authorization Form For Monthly LTD Premiums

**This is a fillable form.**  
See instructions at the bottom  
of the form on how to  
save it filled in.

Employee #

Employee Last Name

Employee First Name

I hereby authorize the Community Living Society to Debit my account in LTD Premiums,  
payable on the first of the month beginning   
(Month,Year)

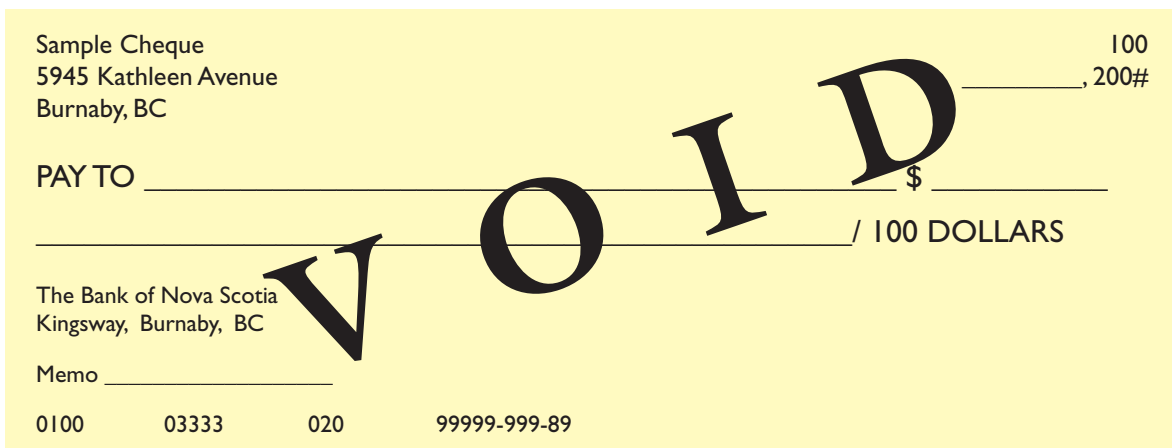
It has been explained to me why it is preferable to debit my account for premiums that I must pay during my leave of absence, including any overdue payments. I also understand that the amounts debited from my account may be required to vary. I have read and understood the terms of this authorization.

Signed by \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a voided personal cheque to this form.**

If you have a savings 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 #

To save this form filled in, click the SAVE button and choose CutePDFwriter from the print dialogue box that opens.

If you are filling in this form electronically, please do not print until you have saved it.