

Employee Computer Purchase Plan PAYROLL DEDUCTION FORM

Employee Name: _____ Phone (home): _____ (work) _____

Address: _____ Postal Code: _____

_____ Name of School: _____

COMPANY NAME:

Name: _____

Address: _____ Postal Code: _____ Phone: _____

ITEM DESCRIPTION	
Sub Total	
G.S.T.	
Grand Total	

- Yes, I would like to have twelve (12) equal payments taken off my monthly cheques for a period of one year, commencing January 2012.
- Yes, I would like to have six (6) equal payments taken off my monthly cheques, commencing January 2012. **(For those employees who have been with the Division less than 2 years.)**
- Yes, I have enclosed a lump sum of \$ _____ and would like the balance taken off in _____ equal installments commencing January 2012.

EMPLOYEE AUTHORIZATION

Should I leave the employ of the Westwind School Division No. 74 prior to completion of payment deductions for this program. I authorize the Westwind School Division No. 74, at its option, to deduct any balance of such funds still owing from any salary, wages, overtime pay or other entitlements owed to me by the Westwind School Division No. 74 and this shall be my sufficient authority to make such deductions.

Signed

Date

WESTWIND SCHOOL DIVISION NO. 74 AUTHORIZATION

Associate Superintendent, Business Services - Signature

Date

**COMPLETED FORMS AND PAID INVOICES OR INVOICES YOU WISH US TO PREPARE CHEQUES FOR,
 MAY BE FAXED TO 653-4641**