



Human Resources Information Services

**CANADA PAYROLL SAVINGS PROGRAM
REQUEST TO REDUCE/STOP PAYROLL DEDUCTION**

Date: _____

Employee Name: _____

Employee Number: _____

SIN # _____

- I would like to **REDUCE** my current Canada Savings Plan deduction effective _____ to the amount of \$ _____ per month.

I understand that I can only request a reduction once during the campaign year.

- I would like to **STOP** my Canada Savings Plan Payroll deduction effective _____.

Employee Signature

Date you signed this form

for Payroll/Records use