



The Board of Education of School District No. 34 (Abbotsford)

PAYROLL SAVINGS PLAN (For Teachers) ENROLLMENT FORM

This form is to be completed by teachers who are not already participating in the Payroll Savings Plan. Once completed, please return this form to the Payroll Department no later than the first Friday of September each year.

I, _____, (Employee No. _____)
(Print Name)

hereby authorize and request my employer to deduct and remit 16.67% of my monthly net pay, in accordance with the Letter of Understanding between School District No. 34 (Abbotsford), ATU, BCTF and BCPSEA, to the Teachers' Payroll Savings Plan.

(Date)

(Signature)