



CONCORDIA UNIVERSITY

PAYROLL DEDUCTION AUTHORIZATION

GROUP RRSP

Employee Name: _____

Social Insurance Number: _____

Employee No.: _____

I hereby authorize my employer to deduct from my salary \$ _____

[] per week [] bi-weekly as a contribution towards the Group Registered Retirement Savings Plan.

I hereby authorize my employer to deduct a one time lump sum payment of \$ _____ from my salary as a contribution towards the Group Registered Retirement Savings Plan.

The above constitutes my direction to my employer regarding my contribution to the Group Registered Retirement Savings Plan. I understand that I may change the amount annually and may cease my participation at any time. **I also confirm that my RRSP deduction limit is sufficient to claim the contributions in the year they are deducted from my pay.**

Date of Application

Signature of Employee

Completed forms to be returned to *Benefits - (ER-500)*