



TO: PAYROLL DEPARTMENT, HUMAN RESOURCES, REGION OF PEEL

Employee Name: _____ Employee ID: _____

Effective the date indicated below, I authorize the payroll department at the Region of Peel to deduct \$2.00 from every pay and to direct the deducted funds to the Peel Paramedic Benevolent Fund.

This authorization is effective until such time as I provide written notice to the payroll department to stop the deduction and the effective date of same.

Signature

Date