

**Payroll deduction
Authorization**

Employee Information

Mr. Ms.

First Name

Last Name

Employee Number

Site:

- Institut Raymond-Dewar
 Institut de réadaptation Gingras-Lindsay-de-Montréal
 Centre de réadaptation Lucie-Bruneau
 Other: _____

Terms of support to the REA Foundation

First deduction: As soon as possible
 Starting at the following pay period # _____

Deduction amount per pay: \$ _____, _____

Deduction Type: Subject to a tax deduction (regular donation)
 Not eligible for a tax deduction (eg, draw or tickets)

Please note that no tax receipts will be issued. If your deduction is eligible for a tax deduction, the information will appear on your RL-1 slip (box N) / T4 (box 46).

Consent

I authorize the REA Foundation to send this information to the payroll department of my site in order to start payroll deductions as indicated above. In the event that I wish to modify or terminate these deductions, I will contact the Foundation to proceed with the change.

Employee's signature

Date

Please send the completed form to the REA Foundation by e-mail (info@fondationrea.ca), fax (514 340-2087) or by internal mail (Pavillon Gingras - Code G).