

Please print this form and fax to 416-598-0171 or mail to 220 Yonge Street, Suite 102, Toronto, ON, M5B 2H1

COMMUNICATION TECHNOLOGIES CREDIT UNION LIMITED
Payroll Change Form

EMPLOYEE No.				SOCIAL INSURANCE No.				COMPANY				PAYROLL GROUP [please ✓ one]	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
NAME [surname followed by given name in full and one initial]										ACCOUNT No.			
MR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPS
MISS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MGT
MRS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CLE
Signature: _____										Date _____			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> .00				Payroll Allocation Requests [please print] i.e. Trust A/C's				Special			
Pay Changes		Stop Deduction		Total Deduction Per Pay Period				_____				<input checked="" type="checkbox"/>	SLS
								_____				<input type="checkbox"/>	PEN
								_____				<input type="checkbox"/>	LTD
												<input type="checkbox"/>	CRA