

CRH Foundation 50/50 Pay Day Lotto Payroll Deduction Licence# 308821 STOP/CHANGE PAYMENT FORM

Name: _____ Employee Number: _____

Site Location: _____ Department: _____

Work Phone: _____ Home Phone: _____

Home Address: _____ City: _____

Postal Code: _____

STOP PAYMENT SECTION

I hereby authorize PAYROLL to stop deducting \$5 from my pay cheque for all remaining 50/50 Pay Day Lotto draws.

First Stop Payment Draw Date:

PLEASE NOTE: This form must be signed and submitted to the CRH Foundation at least ten (10) business days before the next Pay Day Lotto Draw. If received after this time, you will be included for the upcoming draw and permanently removed from all remaining draws thereafter.

CHANGE PAYMENT SECTION

I hereby authorize PAYROLL to change my deduction schedule for all future 50/50 Pay Day Lotto draws.

CURRENT

410 (every) 411 (1st) 412 (2nd)

CHANGE TO

410 (every) 411 (1st) 412 (2nd)

Starting with _____ draw date.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

EMPLOYEE STOP/CHANGE PAYMENT

Date Entered

Payroll Staff

**Mail or drop off this form to the CRH Foundation
or Fax to: 388-6604**

