



Authorization for GRRSP Payroll Deduction

Human Resources

Employee Name: _____

Employee #: _____

Department Name: _____

Complete only one of the following three options:

- Commencing on _____ I hereby authorize you to deduct the sum \$ _____ from my biweekly pay.
- Commencing on _____ I hereby authorize you to change the amount of my biweekly deduction from \$ _____ to \$ _____.
- Commencing on _____ I hereby authorize you to cancel my RRSP deduction.

I understand that:

- deductions will be taken on each regular pay period
- deductions will continue until I cancel them or my employment ceases
- the University of Guelph will remit the deducted amounts for credit to my Group Registered Retirement Savings Plan with RBC Royal Bank.

Signature of Group RRSP Member (Employee)

Date

Please forward completed form to Human Resources, University Centre, Level 5