## TAX-FREE SAVINGS ACCOUNT (TFSA) TFSA PAYROLL DEDUCTION ENROLLMENT FORM

**Employee Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payroll Deduction Authorization**

I hereby authorize [Organization Name] to deduct the following amount from my payroll for the purpose of contributing to my Tax-Free Savings Account (TFSA):

**Deduction Amount**

* $\_\_\_\_\_\_\_\_ per pay period
* $\_\_\_\_\_\_\_\_ per month
* Other: $\_\_\_\_\_\_\_\_ (please specify frequency)\_\_\_\_\_\_\_\_\_\_\_\_

**Investment Institution Information**

Name of Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgment and Authorization**

I acknowledge that this payroll deduction is for contributions to my personal TFSA and that the organization does not provide matching contributions. I have confirmed my contribution room with the Canada Revenue Agency (CRA) and understand that exceeding my contribution limit may result in penalties. I agree to notify [INSERT APPROPRIATE DEPARTMENT] immediately should I wish to change or cancel this payroll deduction authorization.

I certify that the information provided is accurate and authorize [Organization Name] to begin TFSA contributions as specified above. This authorization will remain in effect until I submit a written request for change or cancellation.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_