

AUTHORIZATION TO DEDUCT MEMBERSHIP FEES AT SOURCE



Considering that article 3 of the « *Regulation respecting certain conditions of employment of officers of regional agencies of health and social services institutions* » allows the following:

The contribution rate is \$536.02 per year, payable in thirteen (13) installments equal to \$41.24 per four-week period. Payment of the amounts collected by the employer to the Association will be made within fifteen days following the end of each of the thirteen (13) accounting periods of the fiscal year.

Remittance of these amounts will have to be made to APER within 15 days following the end of each of the thirteen (13) accounting periods of the financial year.

The present authorization is revocable following a three-month period after your written notification has been received by APER.

I, undersigned: _____
(PRINT YOUR NAME)

Authorize my employer: _____
(PRINT NAME OF YOUR EMPLOYER)

Address: _____
(PRINT ADDRESS OF YOUR EMPLOYER)

SIGNED

IN _____ ON _____
CITY DATE