

**U.S.W. DISTRICT SIX SAVINGS PLAN**

**R.R.S.P. DEDUCTION AUTHORIZATION**

Stelco

Employee Perm: \_\_\_\_\_

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

**OPTION CHECKLIST**

*Please complete all areas - new form replaces previous instructions*

	<b>MANDATORY</b>	All - 100%	Increase by \$100 increments	Total P.S.P.
P.S.P Payment			\$210 + \$ _____	
		All - 100%	Specified Amount	Nothing - 0%
Fund			Not Available	
S.P.P.			Not Available	
			Specified Amount Per Pay	Nothing - 0%
Bi-Weekly Pay				
		<b>All - 100%</b>		Nothing - 0%
Lump Sum Payment				

I authorize the payroll department to make the deductions as indicated above:

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

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

*When completing or changing instructions, please FILL IN ALL SPACES as the most recent form replaces all previous forms in their entirety.*

*Please return this form to:*

**Stelco Payroll**

**Fax Number : 905-308-7091**

**Email: Sara.Vacar@stelco.com**