

Payment Method Change: Deduction from Pension

Please complete this form if you wish to have membership fees deducted **monthly** directly from your pension. If your membership is already paid for the year, deductions will start at the beginning of the next membership year. You do not need to reapply for this method every year. **This option is not available if you are not yet receiving a pension, or if you are receiving a Judges' pension.**

STEP 1: Member Information		
Please indicate your membership number :		
○ Single Membership (\$4.28 per month)	○ Double Membership (\$5.55 per month)	
First Name	Last Name	
Email		
Spouse's Name (if applicable)		
Spouse's Email		
Street Address		
City	Province	Postal Code
Phone Number		



STEP 2: Pension Information

The source of my pension is (please check only one): O Public Service O Canadian Forces O Royal Canadian Mounted Police O Royal Canadian Mounted Police Name (as printed on pension statement) Royal Canadian Mounted Police Pension Number (as indicated on pension statement, or available from Pension Office) I authorize Public Works and Government Services Canada to deduct the Association membership fees from my pension payments and to remit those fees to the National Association of Federal Retirees. I understand that I may revoke this authorization at any time by notifying the National Association of Federal Retirees. Signature Date Provision of this pension information is voluntary. This information is being collected to enable monthly deduction of membership fees from your pension payments or survivor's allowance and for no other purpose. You may, without prejudice, decline to provide such information and choose to pay your fees annually by cheque, or by credit card online at www.federalretirees.ca This information will be shared only with Public Works and Government Services Canada	• This is a retirement pension	O This is a survivor's allowance	
Pension Number (as indicated on pension statement, or available from Pension Office) I authorize Public Works and Government Services Canada to deduct the Association membership fees from my pension payments and to remit those fees to the National Association of Federal Retirees. I understand that I may revoke this authorization at any time by notifying the National Association of Federal Retirees. Signature Date Provision of this pension information is voluntary. This information is being collected to enable monthly deduction of membership fees from your pension payments or survivor's allowance and for no other purpose. You may, without prejudice, decline to provide such information and choose to pay your fees annually by cheque, or by credit card online at www.federalretirees.ca	The source of my pension is (please check only one):	O Canadian Forces	
I authorize Public Works and Government Services Canada to deduct the Association membership fees from my pension payments and to remit those fees to the National Association of Federal Retirees. I understand that I may revoke this authorization at any time by notifying the National Association of Federal Retirees. Signature Date Provision of this pension information is voluntary. This information is being collected to enable monthly deduction of membership fees from your pension payments or survivor's allowance and for no other purpose. You may, without prejudice, decline to provide such information and choose to pay your fees annually by cheque, or by credit card online at www.federalretirees.ca	Name (as printed on pension statement)		
I may revoke this authorization at any time by notifying the National Association of Federal Retirees. Signature Date Provision of this pension information is voluntary. This information is being collected to enable monthly deduction of membership fees from your pension payments or survivor's allowance and for no other purpose. You may, without prejudice, decline to provide such information and choose to pay your fees annually by cheque, or by credit card online at www.federalretirees.ca			
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membership fees from your pension payments or survivor's allowance and for no other purpose. You may, without prejudice, decline to provide such information and choose to pay your fees annually by cheque, or by credit card online at www.federalretirees.ca	Signature	Date	
•			
	decline to provide such information and choose to pay your		

Mail this completed form directly to:

National Association of Federal Retirees 865 Shefford Road, Ottawa, ON K1J 1H9

> HAVE A QUESTION? Call us at 613-745-2559, or toll-free at 1-855-304-4700