

LFA PAYROLL DEDUCTION ORDER

Human Resources, Langara College
100 West 49th Avenue, Vancouver, BC V5Y 2Z6

This form is available on the web: www.langara.bc.ca/hr/forms.html

Section 1 - INSTRUCTIONS REGARDING DISPOSITION OF SALARY (PLEASE PRINT)

Last Name	First Name
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Employee ID Number	Department
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Address	Apartment Number
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City	Province	Postal Code
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Bursar or Delegate:

Effective the first day of _____ and continuing until this authority is revoked in writing, I hereby authorize you to deduct from my wages and to pay to the Faculty Association of Langara College such fees as may be agreed upon from time to time at any regularly constituted meeting of said Association.

Note: To be effective for the month stated above, this authorization must be received by, Langara College, at least 15 days before the last teaching day in that month.

Signature	Date (YYYY/MM/DD)
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