

Office Use Only: Ticket Number(s) issued: _

Payroll Deduction Authorization Form

for the 2021 Mount Mystics Trip of the Month Lottery Tickets

Must be a Mount Faculty, Staff or on contract until December 18, 2020.

Deadline to enroll: Monday, October 26, 2020

racuity/Stail Name	Faculty/Staff ID#			
Faculty/Staff Dept:	Office L	Office Location:		
Mailing Address:				
City:	Province:Nova Scotia	a Postal Code:		
Phone:	Work Phone:	Cell:		
Email:				
# Lottery Tickets:	50/50 option: 1 ticke	et 5 tickets	No 50/50 ticket	
	ne information listed above on your community of the community of the back of		No	
 1 Mount Mystic 2 Mount Mystic NEW! 50/50 option: Your ticket will be ma If you would like the r the back page of this 	many tickets as you like. Ticket pr s Trip of the Month Lottery Ticket - s Trip of the Month Lottery Tickets 1 ticket for \$10.00 or 5 tickets for iled to the address provided above name on the lottery ticket to be diff form. es are: November 6, November 20	\$100.00 Equals \$25.00 properties and series and series and series and series and series are series. Each of the series and series are series and series are series and series are series and series and series are series are series and series are series are series and series are series and series are series are series and series are series ar	ne, please complete	
Lottery Tick	his document, I hereby authorized the control of th	leducted in 4 bi-weekly payn		
Mount Faculty/Staff signature		Date		
Athletics Employee Signature – o	confirmation of ticket issued	 Date		

please complete the back of this page!

By: _



2021 Payroll Deduction – Continued

- Please complete this page if you are NOT using the name and information listed in the Payroll Deduction Authorization section for your purchased ticket(s).

i.e. You would like a different name on your ticket, you are purchasing a ticket for a gift, etc.

Faculty/Staff Name	Faculty/Staff ID#		
Faculty/Staff Dept:	Office Location:		
*Please complete the Payroll L	Deduction Information	Section on page	1 before proceedi
Note: Only complete this section if you Authorization section for your purchase		nd information listed i	n the Payroll Deduction
Ticket Recipient #1:			
Home Address:			
City:	Province: <u>Nova Scotia</u>	Postal Code:	
Phone:	_ Work Phone:	Cell:	
Email:			· · · · · · · · · · · · · · · · · · ·
50/50 option selected for this ticket:	1 ticket	5 tickets	No ticket
*Office Use Only: Ticket # issued:			
Ticket Recipient #2:			
Home Address:			
City:	Province: Nova Scotia	Postal Code:	
Phone:	_ Work Phone:	Cell:	
Email:			
50/50 option selected for this ticket:	1 ticket	5 tickets	No ticket
*Office Use Only: Ticket # issued:			