



Payroll Deduction Authorization Form

for the 2019 Mount Mystics Trip of the Month Lottery Tickets

Must be a Mount Employee or on contract until December 21, 2018.
Only one payroll deduction form per staff member.

Deadline to enroll: Monday, October 29, 2018

Employee Name _____ Employee ID# _____

Employee Dept: _____ Office Location: _____

Home Address: _____

City: _____ Province: Nova Scotia Postal Code: _____

Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Number of Lottery Tickets: _____

Would you like us to use the information listed above on your ticket? Yes No

*If no, please complete the recipient information on the back of this form

Details:

- You can purchase as many tickets as you like.
 - o 1 Mount Mystics Trip of the Month Lottery Ticket - \$100.00 Equals \$25.00 per pay
 - o 2 Mount Mystics Trip of the Month Lottery Tickets - \$200.00 Equals \$50.00 per pay
- Your ticket will be delivered to your on campus office location.
- If you would like the name on the lottery ticket to be different then the purchaser's name, please complete the back page of this form.
- Payroll deduction dates are: November 9, November 23, December 7 & December 21, 2018



By signing this document, I hereby authorize that my Mount Mystics Trip of the Month Lottery Ticket(s) as selected above will be deducted in 4 bi-weekly payments, beginning Nov. 9, 2018 and ending Dec. 21, 2018.

Mount Employee signature

Date

Athletics Employee Signature – confirmation of ticket issued

Date

If the name on your ticket is different than the name on this Payroll Deduction Authorization Form, please complete the back of this page!

Office Use Only: Ticket Number(s) issued: _____ By: _____ Date: _____



2019 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.

Employee Name: _____ Employee ID# _____

Employee Dept.: _____ Office Location: _____

**Please complete the Payroll Deduction Information Section on page 1 before proceeding.*

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

• Ticket Recipient #1: _____

Home Address: _____

City: _____ Province: Nova Scotia Postal Code: _____

Phone: _____ Work Phone: _____ Cell: _____

Email: _____

• Ticket Recipient #2: _____

Home Address: _____

City: _____ Province: Nova Scotia Postal Code: _____

Phone: _____ Work Phone: _____ Cell: _____

Email: _____

• Ticket Recipient #3: _____

Home Address: _____

City: _____ Province: Nova Scotia Postal Code: _____

Phone: _____ Work Phone: _____ Cell: _____

Email: _____