



Payroll Summer Savings Plan

Teachers

I, _____ hereby authorize and request my employer to deduct and remit

(please check) 5%, 10%, 15%, 20%

of my monthly net pay, in accordance with the Letter of Understanding among School District #45 (West Vancouver), WVTA, BCTF and BCPSEA, to the 10 month Summer Savings Plan.

Date

Signature