## **BC** Centre for Ability Association

## **Non-Statutory Deduction Consent Form**

I hereby agree that BC Centre for Ability Association will deduct the following amount from my pay cheque per pay period to cover the cost of the following services.

\*If you do not choose to opt in, please do not fill out this form\*

|                      | Coffee Machine Fund @ \$1.50 |  |
|----------------------|------------------------------|--|
| Name (please print): |                              |  |
| Signature:           |                              |  |
| Date:                |                              |  |