

Employer Sponsorship Form

All fields on this form are mandatory unless otherwise indicated.

1. Employer information

Number of employees NAICS code (optional)

Contact information

Organization name	Preferred language	English	French
Campaign Director name			
Title	Email		
Telephone - -	Extension (optional)	Fax (optional)	- -

Mailing address

Street number	Street name		
City	Province	Postal code	

Payroll frequency

Weekly	Date of next pay (dd/mm/yyyy)	Every two weeks	Date of next pay (dd/mm/yyyy)
Twice a month	Date of next pay (dd/mm/yyyy)	Once a month	Date of next pay (dd/mm/yyyy)

2. Campaign material order

Please indicate the number of copies required for the following items (to be delivered to the above-mentioned address).

Posters Employee sales brochures

3. Employee payroll data file transmission method

Employers have three options for transmitting employees' deductions to the Bank of Canada. Choose the option that applies to your organization. All fields for the option selected are mandatory.

Payroll Service Provider Your payroll service provider will transmit your employees' deductions via an electronic file to the Bank of Canada.			
Service provider's name		Customer #	
Proprietary Payroll System Your organization will transmit your employees' deductions via a secure FTP link. The name of the person assigned to transmit the data is required.			
Assigned contact name		Telephone - -	Payroll software
Website transmission Your organization will transmit employees' deductions via a secure website maintained by the Bank of Canada. The name of the subscriber who is responsible for logging in and transmitting the data is required. You must also name a backup subscriber.			
Subscriber	Name	Email	
	Telephone - -	Extension (optional)	
Backup subscriber	Name	Email	
	Telephone - -	Extension (optional)	

4. Pre-authorized debits (PAD) agreement

Funds can be debited directly from your organization's bank account or through your Payroll Service Provider. Select the method that applies to your organization. All fields for the option selected are mandatory.

(Note: If you intend to use more than one bank account, please complete an Employer Sponsorship Form for each bank account to be used).

Organization's bank account If funds will be debited directly from your organization's bank account, please provide the following information.		
Attach a void cheque or statement showing bank account number	Void cheque attached	Bank statement attached
Email address or fax number to be used for payment confirmation	<input type="text"/>	

Payroll Service Provider (this method is only an option if you selected Payroll Service Provider as your file transmission method in Section 3)

5. Employer signature

By signing below, you agree to sponsor the Payroll Savings Program and signify that you have read and agree to the Employer Sponsorship Terms and Conditions.

Authorized name		
Title	Telephone - -	Extension (optional)
Signature	Date (dd/mm/yyyy)	

For internal use only	
Regional Account Manager name / Territory #	Organization ID

For more information, go to csb.gc.ca/employers.

Please send the completed and signed form by:

Fax: 613 782-8096
Email: employerhelpdesk@csb.gc.ca
Mail: Payroll Savings Program, P.O. 2770, Station D, Ottawa, ON K1P 1J7

Employer Sponsorship Terms and Conditions

In this form:

- *you* and *your* mean the employer named on the front of this form; and
 - *we*, *us* and *our* mean the Bank of Canada.
1. We will enrol your participating employees in the Payroll Savings Program for the purchase of Canada Savings Bonds.
 2. You will facilitate your employees' purchasing of Canada Savings Bonds by directing employees to complete the online purchase application form (or by returning, where applicable, employees' completed purchase application forms). You will also ensure that we receive your employees' completed purchase application forms by the due date.
 3. You will effect all sales of Canada Savings Bonds to participating employees (as well as the operational, technical and system support required to do so, including the timely and accurate transmission of information and funds) in accordance with the Payroll Savings Program specifications communicated to you from time to time.
 4. You will be responsible for the confidentiality, accuracy and integrity of all information you provide to us, ensuring, without limitation, that your data transmissions accurately reflect the deduction instructions provided to you by each of your participating employees. The Bank of Canada will be responsible for the confidentiality, accuracy and integrity of the information received from you that we store in our computer system.
 5. If payments are to come directly from your organization's bank account, you acknowledge that this authorization is provided for our benefit and the benefit of your financial institution, and is provided in consideration of your financial institution agreeing to process debits against your account in accordance with the Rules of the Canadian Payments Association. You authorize us to debit your account for all your employees' payroll deductions made for purchases of Canada Savings Bonds. You guarantee that the person signing this Business — pre-authorized debit (PAD) agreement has the authority to sign this form and to authorize the PAD.
 6. You declare that, with reference to PADs drawn in favour of the Bank of Canada in variable amounts, you waive the right to be prenotified of the aforementioned PAD. The issuance of a PAD and the amount of the debit will be in direct response to a file transmitted by you or by your payroll service provider. A confirmation of the PAD transaction will be issued in place of a prenotification.
 7. If there is any change in your account information provided on this form, you will inform us in writing before the date of the next transfer of funds to us. You acknowledge that your financial institution is not required to verify any information contained on this form.
 8. If you use a Proprietary Payroll System to transmit employees' deductions, you must immediately notify the Employer Help Desk if your technical contact changes, to prevent unauthorized transmission of purchase files.
 9. If you use the website option to transmit employees' deductions, you must immediately notify the Employer Help Desk if your subscriber or backup subscriber changes, to prevent unauthorized access to your employees' deduction information.
 10. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.
 11. This authorization may be cancelled at any time by you on 30 days' notice to the Bank of Canada. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, you may contact your financial institution or visit www.cdnpay.ca.
 12. If you use a Payroll Service Provider to transmit information or funds, you will ensure that the Payroll Service Provider is made aware of these terms and conditions, and that it fulfills the responsibilities under this agreement that you do not fulfill yourself.
 13. We will allocate purchase amounts received from you to the purchase of Canada Savings Bonds by each of your participating employees. You acknowledge that your employees will not have purchased Canada Savings Bonds, and will not earn interest in respect of such purchases, until we receive your employees' periodic purchase amounts from you.
 14. You agree to indemnify and save harmless the Bank of Canada from any and all losses and expenses (including legal fees and disbursements) arising or resulting from a breach of your obligations under these terms and conditions, or by the negligence or wilful wrongdoing of your organization, your servants, agents, employees, officers or directors.
 15. We may end this agreement at any time by giving at least 10 days' written notice.