

**University of New Brunswick
Payment Authorization
Retired Employees**

Name of Applicant: _____
(Retired Employee or Surviving Spouse)

Applicant's Social Insurance Number: _____

Applicant's Datatel Number: _____

Applicant's Date of Birth: _____

Applicant's Mailing Address: _____

Single ☐

Family ☐

Spouse's name: _____

- ☐ I hereby authorize the University of New Brunswick to deduct my monthly UNB Retired Employees Association Dues from my monthly pension payment (Royal Trust / PSSA) to be effective from _____.

Retired Employee's/Applicant's Signature

Date