

Canada Savings Bonds Payroll Savings Program

Web Transmission Subscriber Change Form

Date: (yyyy/mm/dd) ____/____/____

Organization Information

Organization name: _____ Org ID: _____

Subscriber Information

Remove a subscriber:

Print name of existing subscriber to be inactivated: Last: _____ First: _____

Add a Subscriber:

Print name of new subscriber: Last: _____ First: _____

Telephone #: () _____ Ext. _____

Fax #: _____

E-mail Address: _____

Subscriber signature: _____

Note:

As a new subscriber for your organization, you will need to access the Web Transmission site at www.transmit.csb.gc.ca. Accessing this site will guide you through the process for acquiring an epass and, receipt of this form by Canada Savings Bonds will trigger the emails providing you with your personal PID and PIN credentials needed to access the Web Transmission Site.

This section must be completed by the CSB Campaign Director

By signing below, you authorize Canada Savings Bonds to change the subscriber information for your organization. Your authorization will grant this individual access to employee information required to support the CSB Payroll Program.

Name of authorized person: Last: _____ First: _____

Title: _____

Telephone #: () _____ Ext. _____

This change is to take effect: (yyyy/mm/dd) ____/____/____

Signature: _____

Please fax the completed form to the Employer Channel Help Desk at (613) 782-8096, or return completed form to:

Regular Mail

Canada Savings Bonds
P.O. Box 2770, Station D
Ottawa, ON K1P 1J7

Courier/Registered Mail

Canada Savings Bonds
50 O'Connor Street, Suite 201
Ottawa, ON K1P 6L2