

FORM 4

**NOTICE OF ARRANGEMENT WITH INCOME SOURCE**

(Support Enforcement Act, S.N.B.2005, c.S-15.5, s. 8)

Court File No. \_\_\_\_\_  
OSE Case No. SE-\_\_\_\_\_

**TO: THE DIRECTOR OF SUPPORT ENFORCEMENT**

You are hereby notified that I, the undersigned, \_\_\_\_\_

have made an arrangement with my income source,

\_\_\_\_\_  
(Name of Income Source)

to pay money payable under the support order to the Director of Support Enforcement on my behalf.

\_\_\_\_\_ will deduct the amount of  
(Name of Income Source)

\$\_\_\_\_\_ from the income payable to \_\_\_\_\_ and pay it to the

Director of Support Enforcement, electronically or by a certified cheque or money order

made payable to the Minister of Finance, as follows \_\_\_\_\_  
(Amount)

\_\_\_\_\_ commencing on \_\_\_\_\_.  
(Weekly, biweekly, monthly) (Date)

**Income Source Details**  
**(To be completed by the Income Source)**

Business Name: \_\_\_\_\_ Legal Name (If different): \_\_\_\_\_

Corporate Number: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

Payroll Contact: \_\_\_\_\_ Payroll Contact Phone Number: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Payer

\_\_\_\_\_  
Witness  
Source

\_\_\_\_\_  
Person Signing on Behalf of the Income

Title/Position of the Person Signing on Behalf of the Income Source: \_\_\_\_\_

**Payments may be made to the Director as follows:**

1. Cheque payable to "**The Minister of Finance**" mailed to:

OSE Central Payment Unit  
PO Box 6000  
Fredericton NB  
E3B 5H1

2. If you wish to set up electronic payments please contact the Office of Support Enforcement at 844-673-4499.

**NOTE: If payment is not made in accordance with this notice, a payment order may be made directing the income source to make payments to the Director of Support Enforcement.**

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**Local OSE office:**

PO Box 5001  
Grand Falls / Grand-Sault NB E3Z 1G1  
Fax Number: (506) 475-4320