

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
Chancery Place, Suite 1089
PO Box 6000
Fredericton NB
E3B 5H1

2. If you wish to set up electronic payments please contact Central Payment Unit at 506-444-4131.

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.

Local OSE offices:

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