

**FORM 4**

**NOTICE OF ARRANGEMENT WITH INCOME SOURCE**

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

Court File No. \_\_\_\_\_

FSOS Case No. \_\_\_\_\_

**TO: THE DIRECTOR OF SUPPORT ENFORCEMENT**

This is to notify you that I, the undersigned \_\_\_\_\_ have made an  
*(Name of Payer)*

arrangement with my income source, \_\_\_\_\_ to pay the money  
*(Name of Income Source)*

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  
*(Name of Payer)*

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 \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Witness

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

\_\_\_\_\_  
Witness

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

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