

Employee No.:

Employee Name:

Payment Month:

Amount Paid:

Cheque No.:

Child Support Agency

Section 72A Notice Remittance Slip

CSA Case No.: _____ Tax File No.: ____|____|____ Date: ____/____/____

Employee and Company Name: _____

Payment Month: _____

Payment Amount \$: _____ Cheque No.: _____

Payment Address (if updated since last remittance): _____

Please Note: receipts will not be issued by CSA