Community Health Ministry

*Faith in Action* …Serving Pottawatomie and Wabaunsee Counties

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# COMMUNITY HEALTH MINISTRY
## Payroll Deduction Agreement

I hereby authorize my employer: USD 320 to deduct from my wages the amount indicated below. All deductions authorized are to be contributed to the Community Health Ministry.

Community Health Ministry $_____

The amount indicated **above is per pay period**. If the amount indicated is zero, this indicates a suspension of contributions. This payroll deduction request is to become effective with the pay period beginning on or after_____.
(date)

_____ _____
Signature of Employee Date

Employee Name:_____
Address:_____
Phone #:_____
E-mail:_____