EASTERN THQ SALVATION ARMY

CFOT ENDOWMENT PAYROLL DEDUCTION AGREEMENT

OFFICER NAME:

UKG ID#:

AMT:

EFFECTIVE DATE:

END DATE:

ACKNOWLEDGEMENT

(PLEASE FILL IN ONE OF THE BELOW OPTIONS)

I, _____ (Officer Name), hereby grant The Salvation Army THQ the right to withhold the above bi-weekly amount $_____.

All amounts withheld under this agreement will be used to support the sustainability of CFOT through the established endowment fund.

(FOR DEDUCTION CHANGES)

I, _____(Officer Name) **would like to change** the bi-weekly amount of my deduction from $ _____ to $ _____.

_____ (Officer Signature)

_____ (Date)

Email completed form to: Officerpayroll@use.salvationarmy.org