

**Many Hands Outreach**

**Team Member Financial Assistance Fund**

**Payroll Deduction Authorization Form**

**To contribute, please complete this form and return to the Human Resources Department.**

Team Member Name: \_\_\_\_\_

Location: \_\_\_\_\_

I would like to contribute to Many Hands Outreach through payroll deduction. I understand that this deduction will begin immediately and continue until I provide other instructions to the Human Resources Department to cancel or make changes.

**New Payroll Deduction** - Deduction amount: \$ \_\_\_\_\_ per payroll

**Change Existing Payroll Deduction**  
Current amount \$ \_\_\_\_\_ to New amount: \$ \_\_\_\_\_ per payroll

**Cancel Existing Payroll Deduction** - Deduction amount: \$ \_\_\_\_\_ per payroll

I hereby authorize First Southern National Bank to deduct the amount stated above from my paycheck each pay period and remit these deductions to the Many Hands Outreach Fund. I understand this authorization shall remain in effect until I submit a new authorization form, changing or cancelling this authorization.

**Team Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_