



**ST MATTHEWS FIRE PROT DIST
BI-WEEKLY PAYROLL DEDUCTION
AUTHORIZATION**

I, _____, hereby authorize ST MATTHEWS FIRE PROT
(Print name legibly)

DISTRICT to deduct \$_____ from my bi-weekly paycheck until

further notice. I further authorize ST MATTHEWS FIRE to forward said funds to:

SUPPORTING HEROES, INC – P. O. Box 991547 – Louisville, KY 40269-1547.

EMPLOYEE SIGNATURE _____ EMPLOYEE or PAYROLL ID _____



**MEMBERSHIP
INFORMATION**

(Saint Matthews Fire Protection District)

NAME _____

RANK _____

MEMBERSHIP TYPE: INDIVIDUAL _____ FAMILY _____ (see back)

MAILING ADDRESS _____

CITY/STATE/ZIP _____

EMAIL _____

(NOTE: Keeping our members informed via email helps us to keep our operating expenses to a minimum.)

PHONE (Optional) _____

AMOUNT AUTHORIZED PER BI-WEEKLY PAY PERIOD: \$ _____ DATE: _____

FOR OFFICE USE	MMBR#	MEMB	ZIP+4	CARD	EMAIL	GROUPS	WEBSITE	PACKET	AGENCY

NOTE: Individual membership is \$120 annually (\$4.62 per pay period) and family membership (two adults) is \$200 annually (\$7.70 per pay period).

