

_____ Check here if this modifies a previous authorization



**FERN CREEK FIRE DEPARTMENT
PAYROLL DEDUCTION
AUTHORIZATION**

I, _____, hereby authorize Fern Creek Fire Department
(Print name legibly)

to deduct \$_____ from my bi-weekly or quarterly paycheck until
(PLEASE CIRCLE ONE)

further notice. I further authorize Fern Creek 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**

(Fern Creek Fire Department Employee)

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: _____

*NOTE: Individual membership is \$120 annually (\$5.00 bi-weekly/\$30 quarterly)
& family membership (2 adults) is \$200 annually (\$8.35 bi-weekly/\$50 quarterly).
Bi-Weekly dues are only deducted 24 times per year*

FOR
OFFICE
USE

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