



CITY OF GEORGETOWN, KENTUCKY
BI-WEEKLY PAYROLL DEDUCTION
AUTHORIZATION

I, \_\_\_\_\_, hereby authorize the City of Georgetown, Kentucky
(Print name legibly)

to deduct \$\_\_\_\_\_ from my bi-weekly paycheck until further notice. I

further authorize the City of Georgetown, Kentucky to forward said funds to:

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

EMPLOYEE SIGNATURE \_\_\_\_\_ EMPLOYEE or PAYROLL ID \_\_\_\_\_



MEMBERSHIP INFORMATION
(City of Georgetown, Kentucky Government Employee)

NAME \_\_\_\_\_

RANK/TITLE \_\_\_\_\_ DIVISION: POLICE \_\_\_\_\_ FIRE \_\_\_\_\_ OTHER \_\_\_\_\_

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 per pay period) and family membership (two adults) is \$200 annually (\$8.35 per pay period).
\*\*Dues are only deducted 24 times per year\*\*

Table with 8 columns: MMBR#, MEMB, ZIP+4, CARD, EMAIL, GROUPS, WEBSITE, PACKET, AGENCY. Includes 'FOR OFFICE USE' label.

