

CITY OF POPLAR BLUFF, MO WEEKLY PAYROLL DEDUCTION AUTHORIZATION

l,(Print	, hereby authorize the City of Poplar Bluff, MO.										
to deduct \$ from my weekly paycheck until further notice. I											
further auth	orize the City	y of Popl	ar Bluff,	MO to fo	orward sa	aid funds	s to:				
SUPPORT	TING HEROE	ES, INC -	P.O. B	ox 9915	47 Loι	uisville, k	(Y 4026	9-1547.			
EMPLOYE SIGNATUR	IPLOYEE EMPLOYEE GNATUREPAYROLL ID										
SUPPOI	RTING HE	ROES	MEN					TION			
POLICE	FIRE	EMS *	NAME:		y of Poplar B	luff, MO Emp	oloyee)				
RANK/ TITLE:	DIVISIO	ON: POI	LICE	CORR_	FIRE_	EMS_	ОТН	ER			
MEMBERS	HIP TYPE:	INDIVID	UAL		FAMILY		(see re	verse side)			
MAILING A	DDRESS: _										
CITY/STAT	E/ZIP:										
	E: Keeping our me	embers inform	ned via email	helps us to	keep our ope	erating expe	nses to a mir	nimum.)			
PHONE:											
	AUTHORIZEI (LY PAY PEI				DATE:_						
	dividual mem embership (tv	•	-	•	· ·	, , ,	,	,			
FOR MME	BR# MEMB	ZIP+4	CARD	EMAIL	GROUPS	WEBSITE	PACKET	AGENCY			

TO BE COMPLETED FOR FAMILY MEMBERSHIP ONLY

Family membership includes all members of a household -- including a spouse/significant other and dependent children. SUPPORTING HEROES uses the same definition of 'dependent child' as the federal government for PSOB purposes: 18 or younger; 19-22 and a full-time student; or any age if incapable of self-support due to physical or mental disability.

	NAME as it should appear on membership card	BIRTHDATE optional for spouse / required for children	GENDER	FULL- TIME STUDENT if age 19 to 22	EMAIL
SPOUSE			M / F		Requested (but optional)
	If spouse is in Public Safety, rank/title and agency:				
DEPENDENT CHILD			M / F	Y / N	
DEPENDENT CHILD			M / F	Y / N	
DEPENDENT CHILD			M / F	Y / N	
DEPENDENT CHILD			M / F	Y / N	
DEPENDENT CHILD			M / F	Y / N	
DEPENDENT CHILD			M / F	Y / N	