

\_\_\_\_\_ Check here if this modifies a previous authorization



**BAPTIST HEALTHCARE SYSTEMS/  
OLDHAM COUNTY EMS KY  
BI-WEEKLY PAYROLL DEDUCTION  
AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize Baptist Healthcare  
(Please print name legibly)

Systems to deduct \$\_\_\_\_\_ from my bi-weekly paycheck until further

notice. I further authorize Baptist Healthcare Systems to forward said funds to:

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

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



**MEMBERSHIP INFORMATION**

(Baptist Healthcare Systems Employee)

NAME \_\_\_\_\_

RANK/TITLE \_\_\_\_\_

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).*

FOR OFFICE USE

MMBR#	MEMB	ZIP+4	CARD	EMAIL	PACKET	GROUPS	AGENCY
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