

<u>CITY OF BOWLING GREEN</u> BI-WEEKLY PAYROLL DEDUCTION AUTHORIZATION

I,	(Print name legibly), hereby authorize the City of Bowling Green											
to ded	uct \$		f	rom my l	bi-weekly	y payche	eck until	further n	otice. I			
further	authoriz	e the Ci	ty of Bov	vling Gre	en to fo	rward sa	id funds	to:				
SUPP	ORTING	HEROE	ES, INC -	P. O. E	Box 9915	547 Lo	uisville,	KY 4026	69-1547.			
EMPLOYEE SIGNATURE New					EMPLOYEE or PAYROLL ID Stop							
Enrolln Change	nent es for pay ' of the m	roll dedu	ction will	be allowe	ate) Ded ed quarte	uction <i>rly. Dead</i>	line for pa	ayroll dec	(date) duction is			
SUP	PORTI	NG H	EROES	5	N	1EMB	ERS	HIP				
POLIC	CE	RE	EMS			IFOR reen, Kentud		ON nent Employe	ee)			
NAME												
RANK_		DI\	/ISION:	POLICE	F	IRE	OTH	ER				
MAILIN								(se	ee back)			
CITY/S	STATE/Z	IP										
EMAIL (N	 OTE: Keepii	ng our memb	pers informed	d via email h	elps us to ke	ep our opera	ating expens	es to a minin	num.)			
PHON	E (Optio	nal)										
PER B	NT AUT	LY PAY	PERIOD): \$		DAT	E:					
		mbership		lults) is \$	\$200 anr	nually (\$8	3.35 per	ay period pay peri				
for Office Use	MMBR#	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	