

## WAYNE TWP FIRE DEPARTMENT BI-WEEKLY PAYROLL DEDUCTION AUTHORIZATION

l,			, here	by autho	rize Way	ne Towr	nship Fire	e Dept			
Print na	me legibly)			,	·		-	•			
to deduct \$_	leduct \$ from my bi-weekly paycheck until further notice. I										
further autho	rize Wayı	ne Towns	ship Fire	to forwa	rd said fu	ınds to:					
SUPPOR	TING HE	ROES, I	NC P	O Box 99	91547	Louisvi	lle, KY 4	40269-15	547		
EMPLOYEE SIGNATURE					PLOYEE 'ROLL II						
SUPPOR	ting H	EROE	<u>s</u> N	IEMB	_		_	_	N		
POLICE	FIRE	EMS	\$	(Wa	yne Townsh	ip Fire Depa	rtment Empl	oyee)			
NAME						<del> </del>					
RANK			_								
MEMBERSH	IP TYPE:	: INDI\	/IDUAL_		_ FAM	ILY	(se	ee back)			
MAILING ADDRESS											
CITY/STATE											
EMAIL									)		
PHONE (Opt	ional)										
AMOUNT AL PER BI-WEE <i>NOTE: Ir</i>	KLY PAY	PERIO	ship is \$1		ally (\$5.0	00 per pa			mily		
m	nembersh ,	nip (two a **Dues a						od).			
FOR MMBR#	MEMB	ZIP+4	CARD	EMAIL	GROUPS	WEBSITE	PACKET	AGENCY	7		

## 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.

	<b>NAME</b> 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	