

_____ Check here if this modifies a previous authorization



WAYNE TWP FIRE DEPARTMENT BI-WEEKLY PAYROLL DEDUCTION AUTHORIZATION

I, _____, hereby authorize Wayne Township Fire Dept
(Print name legibly)

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

further authorize Wayne Township Fire to forward said funds to:

SUPPORTING HEROES, INC -- PO Box 991547 -- Louisville, KY 40269-1547

EMPLOYEE SIGNATURE _____ EMPLOYEE or PAYROLL ID _____



MEMBERSHIP INFORMATION

(Wayne Township Fire Department Employee)

NAME _____

RANK _____

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

FOR OFFICE USE

MMBR#	MEMB	ZIP+4	CARD	EMAIL	GROUPS	WEBSITE	PACKET	AGENCY
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