

_____ Check here if this modifies a previous authorization



**CITY OF PADUCAH, KENTUCKY
PAYROLL DEDUCTION
AUTHORIZATION**

I, _____, hereby authorize the City of Paducah to
(Print name legibly)

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

further authorize the City of Paducah to forward said funds to:

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

EMPLOYEE _____ EMPLOYEE or
SIGNATURE _____ PAYROLL ID _____



**MEMBERSHIP
INFORMATION**
(Paducah, Kentucky Employee)

NAME _____

RANK _____ DIVISION: POLICE _____ FIRE _____ OTHER _____

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 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).
Membership 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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