

CITY OF OWENSBORO, KY PAYROLL DEDUCTION AUTHORIZATION

1,	(Print nam	e legibly)		, nerei	by author	rize the (Jity of O	wensbor	O, KY				
to dec	to deduct \$ from my bi-weekly paycheck until further notice.												
further authorize the City of Owensboro, KY to forward said funds to:													
SUPF	PORTING	G HERO	ES, INC	P. O. E	Box 9915	547 Lo	uisville, I	KY 4026	69-1547.				
EMPLOYEE SIGNATURE						EMPLOYEE or PAYROLL ID							
SUPPORTING HEROES POLICE FIRE EMS					IN	MEMBERSHIP INFORMATION (City of Owensboro, Kentucky Employee)							
NAME	Ξ												
RANK	\		DIVISIO	N: POL	ICE	FIR	E	OTHE	ER				
MEMBERSHIP TYPE: INDIVIDUAL MAILING ADDRESS							•	ŕ					
EMAI	L(NOTE:	Keeping our	members inf	formed via en	nail helps us	to keep our o	operating exp	penses to a r	minimum.)				
PHON	NE (Optio	onal)											
AMOUNT AUTHORIZED PER BI-WEEKLY PAY PERIOD: \$ DATE:													
				ship is \$1 dults) is \$		• '		• •	,				
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	