

CITY OF SHEPHERDSVILLE, KY BI-WEEKLY PAYROLL DEDUCTION AUTHORIZATION

I,					, here	by autho	orize City	of Shep	herdsville			
	(Please	print name	legibly)			•	·	·				
to ded	deduct \$ from my bi-weekly paycheck until further notice.											
I furth		rize She		ille Fire	Departm	ent to fo	orward sa	aid funds	to:			
				P. O.	NG HER Box 991 KY 402	547						
	OYEE ATURE				EMPLOYEE or PAYROLL ID							
SUF	PPORT	ING H	I EROE	<u>s</u> ME					ATION			
POLI	CE F	IRE 👸	EMS	\$	(0	City of Sheph	nerdsville, KY	employee)				
NAM	Ε											
RANK		POL	POLICE		FIRE		OTHER					
MEMBERSHIP TYPE: MAILING ADDRESS								see back)				
CITY	/STATE/	ZIP										
	L (NOTE:				email helps			expenses to	a minimum.)			
AMO	UNT AU	THORIZ	ED									
						• •	per pay ay period	. ,	and family			
FOR OFFICE USF	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	