

_____ Check here if this modifies a previous authorization



**CITY OF SHEPHERDSVILLE, KY
BI-WEEKLY PAYROLL DEDUCTION
AUTHORIZATION**

I, _____, hereby authorize City of Shepherdsville
(Please print name legibly)

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

I further authorize Shepherdsville Fire Department to forward said funds to:
(Please print name legibly)

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

EMPLOYEE SIGNATURE _____ EMPLOYEE or PAYROLL ID _____

SUPPORTING HEROES MEMBERSHIP INFORMATION
(City of Shepherdsville, KY employee)

NAME _____

RANK _____ 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 BI-WEEKLY PAY PERIOD: \$ _____ DATE: _____

NOTE: Individual membership is \$120 annually (\$4.62 per pay period) and family membership (two adults) is \$200 annually (\$7.70 per pay period).

FOR OFFICE USE

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