

NORTH OLDHAM FIRE DEPARTMENT PAYROLL DEDUCTION AUTHORIZATION

l,	(Print name	legibly)		, hereb	y author	ize North	Oldham	Fire De	partment			
to de	o deduct \$ from my weekly paycheck until further notice.											
I further authorize North Oldham Fire Department to forward said funds to:												
SUPPORTING HEROES, INC P. O. Box 991547 Louisville, KY 40269-1547.												
EMPLOYEE SIGNATURE						EMPLOYEE or PAYROLL ID						
	PORT				-		BERS					
POLI	CE	IRE	EMS	*			RMAT am Fire Depa					
NAME	=											
RANK	(_							
MEMBERSHIP TYPE: INDIVIDUAL_ MAILING ADDRESS						FAMILY (see back)						
CITY/	STATE/	ZIP										
EMAIL												
										AMOUNT AUTHORIZED PER WEEK/MONTH PAY PERIOD: \$ DATE:		
			•		•	•	eekly/\$1 eekly/\$2		nthly) and ly).			
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	