

FOR

OFFICE USE MMBR#

MEMB

ZIP+4

CARD

EMAIL

GROUPS

WEBSITE

PACKET

AGENCY

## CITY OF INDEPENDENCE PAYROLL DEDUCTION AUTHORIZATION

(Print name legibly)	, hereby authorize the City of Independence (Print name legibly)						
to deduct \$	uct \$ from my bi-weekly paycheck until further notice. I						
further authorize the City of Independence to forward said funds to:							
SUPPORTING HEROES,	INC P. O. Box	991547 l	_ouisville,	KY 40269-1547.			
EMPLOYEE SIGNATURE		SSN or PAYROLL ID					
SUPPORTING HER		INFO	BERSI RMATI	ION			
NAME							
RANKDIVISI	ON: POLICE	_FIRE	_EMS	_OTHER			
MEMBERSHIP TYPE: INDIVIDUAL MAILING ADDRESS				(see back)			
CITY/STATE/ZIP							
EMAIL(NOTE: Keeping our member	rs informed via email he	ps us to keep ou	r operating exp	enses to a minimum.)			
PHONE (Optional)							
AMOUNT AUTHORIZED PER BI-WEEKLY PAY PE							
NOTE: Individual membership is \$120 annually (\$4.62 per pay period) and family membership (two adults) is \$200 annually (\$7.69 per pay period).							

## 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.

	<b>NAME</b> 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	