

CITY OF MURRAY, KENTUCKY BI-WEEKLY PAYROLL DEDUCTION AUTHORIZATION

l,	, hereby authorize City of Murray, Kentucky											
to deduct \$ from my bi-weekly paycheck until further notice. I												
further authorize City of Murray to forward said funds to:												
SUPPORTING HEROES, INC P.O. Box 991547 Louisville, KY 40269-1547.												
EMPLOYEE SIGNATURE					EMPLOYEE or PAYROLL ID							
SUP	PORTI	NG H	EROES	_	N	1EMB						
POLIC	POLICE FIRE EMS INFORMATION (City of Murray, KY Employee)											
NAME												
RANK	/			CE		(OTHER .					
MEMB	ERSHIP	TYPE:	INDIV	IDUAL_		FAM	LY	(se	ee back)			
MAILI	NG											
CITY/S	STATE/Z	IP										
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	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	