

_____ Check here if this modifies a previous authorization



**BROWN TOWNSHIP, INDIANA
BI-WEEKLY PAYROLL DEDUCTION
AUTHORIZATION**

I, _____, hereby authorize Brown Township to deduct
(Print name legibly)

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

authorize Brown Township to forward said funds to:

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

EMPLOYEE _____ EMPLOYEE or
SIGNATURE _____ PAYROLL ID _____



**MEMBERSHIP
INFORMATION**
(Brown Township, IN Employee)

NAME _____

RANK/
TITLE _____ DIVISION: 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
----------------	-------	------	-------	------	-------	--------	---------	--------	--------

