

PAYROLL DEDUCTION AUTHORIZATION

I,(Print name			, nereb	by author	rize Bue	chel Fire	Protecti	ion Dist.			
(Print name	legibly)										
to deduct \$		f	rom my _		payc	heck unt	il further	notice.			
I further authori	ze Buec	hel Fire	to forwa	rd said f	unds to:						
SUPPORTING	HEROE	ES, INC	– P. O. E	30x 9915	647 – Lo	uisville, l	<y 4026<="" td=""><td>69-1547.</td></y>	69-1547.			
EMPLOYEE				EMPLOYEE or							
SIGNATURE		PAYROLL ID									
Supporti	NG H	EROES			IEMB	ERSH	I IP				
POLICE FIRE EMS				INFORMATION							
		711		(B	uechel Fire	Protection D	istrict)				
NAME											
RANK											
MEMBERSHIP	TYPF:	INDIV	IDUAI		FAM	IΙΥ	(56	e hack)			
MAILING							(20.000.1			
ADDRESS											
CITY/STATE/ZI	IP										
EMAIL											
(NOTE: Ke	eeping our n	nembers info	ormed via em	ail helps us	to keep our	operating exp	penses to a r	minimum.)			
PHONE (Option	nal)										
AMOUNT AUTI	HORIZE	D									
PER PAY PER				[DATE:						
NOTE: Individ											
& family memb	ership (2	2 adults)) is \$200	annually	/ (\$8.35	bi-weeki	y/\$50 qu	ıarterly).			
FOR MMBR# OFFICE	MEMB	ZIP+4	CARD	EMAIL	GROUPS	WEBSITE	PACKET	AGENCY			
ULLIOL											

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	