

_____ Check here if this modifies a previous authorization



**CITY OF CARMEL, INDIANA
BI-WEEKLY PAYROLL DEDUCTION
AUTHORIZATION**

I, _____, hereby authorize the City of Carmel
(Print name legibly)

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

further authorize the City of Carmel to forward said funds to:

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

EMPLOYEE SIGNATURE _____ EMPLOYEE or PAYROLL ID _____



**MEMBERSHIP
INFORMATION**

(Carmel, Indiana Government Employee)

NAME _____

RANK _____ DIVISION: POLICE ___ FIRE ___ EMS ___ 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 (\$5.00 per pay period) and family membership (two adults) is \$200 annually (\$8.35 per pay period).

FOR OFFICE USE

MMBR#	MEMB	ZIP+4	CARD	EMAIL	GROUPS	WEBSITE	PACKET	AGENCY
-------	------	-------	------	-------	--------	---------	--------	--------

