

\_\_\_\_\_ Check here if this modifies a previous authorization



**OSAGE AMBULANCE DISTRICT  
BI-WEEKLY PAYROLL DEDUCTION  
AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize Osage Ambulance District  
(Print name legibly)

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

I further authorize Osage Ambulance District to forward said funds to:

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

EMPLOYEE SIGNATURE \_\_\_\_\_ EMPLOYEE PAYROLL ID \_\_\_\_\_



**MEMBERSHIP  
INFORMATION**  
(Osage Ambulance District)

NAME \_\_\_\_\_

RANK/  
TITLE \_\_\_\_\_ DIVISION: POLICE\_\_ CORR\_\_ 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 \_\_\_\_\_

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
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