

_____ Check here if this modifies a previous authorization



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

I, _____, hereby authorize Steelville Ambulance District
(Print name legibly)

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

I further authorize Steelville 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**
(Steelville 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 (\$5.00 per pay period) and family membership is \$200 annually (\$8.35 per pay period).

****Dues are only deducted 24 times per year****

| | | | | | | | | | |
|----------------|-------|------|-------|------|-------|--------|---------|--------|--------|
| FOR OFFICE USE | MMBR# | MEMB | ZIP+4 | CARD | EMAIL | GROUPS | WEBSITE | PACKET | AGENCY |
|----------------|-------|------|-------|------|-------|--------|---------|--------|--------|

