

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



**HIGHVIEW FIRE PROTECTION DISTRICT PAYROLL DEDUCTION AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize Highview Protection Fire  
(Print name legibly)

Protection Dist. to deduct \$ \_\_\_\_\_ from my weekly/monthly paycheck until  
(weekly/monthly)

further notice. I further authorize Highview Fire Protection Dist. to forward said funds to:

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

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



**MEMBERSHIP INFORMATION**  
(Highview Fire Protection District)

NAME \_\_\_\_\_

RANK \_\_\_\_\_

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 WEEK/MONTH PAY PERIOD: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

*NOTE: Individual membership is \$120 annually (\$2.31 weekly/\$10.00 monthly) and family membership (two adults) is \$200 annually (\$3.85 weekly/\$20 monthly).*

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

