

_____ Check here if this modifies a previous authorization



THREE RIVERS AMBULANCE AUTH BI-WEEKLY PAYROLL DEDUCTION AUTHORIZATION

I, _____, hereby authorize Three Rivers Ambulance
(Print name legibly)

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

notice. I further authorize Three Rivers to deposit said funds to the account of:

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

EMPLOYEE _____ EMPLOYEE or
SIGNATURE _____ PAYROLL ID _____



MEMBERSHIP INFORMATION (Three Rivers Ambulance Authority)

NAME _____

RANK/
TITLE _____

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).

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

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