



CITY OF INDEPENDENCE
PAYROLL DEDUCTION
AUTHORIZATION

I, \_\_\_\_\_, hereby authorize the City of Independence
(Print name legibly)
to deduct \$\_\_\_\_\_ from my bi-weekly paycheck until further notice. I

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

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

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



MEMBERSHIP
INFORMATION
(City of Independence - KY)

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 (\$4.62 per pay period) and
family membership (two adults) is \$200 annually (\$7.69 per pay period).

FOR
OFFICE
USE

Table with 8 columns: MEMBR#, MEMB, ZIP+4, CARD, EMAIL, GROUPS, WEBSITE, PACKET, AGENCY

