

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



**CITY OF CAMPBELLVILLE, KY  
BI-WEEKLY PAYROLL DEDUCTION  
AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize the City of Campbellsville  
(Print name legibly)

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

further authorize City of Campbellsville to forward said funds to:

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

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



**MEMBERSHIP  
INFORMATION**  
(City of Campbellsville, KY Employee)

NAME \_\_\_\_\_

RANK/  
TITLE \_\_\_\_\_ DIVISION: FIRE \_\_\_\_\_ POLICE \_\_\_\_\_ 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 (\$7.70 per pay period).*

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