

_____ Check here if this modifies a previous authorization



**CITY OF CARROLLTON, KY
WEEKLY PAYROLL DEDUCTION
AUTHORIZATION**

I, _____, hereby authorize City of Carrollton, Kentucky
(Print name legibly)

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

further authorize City of Carrollton, Kentucky to forward said funds to:

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

EMPLOYEE SIGNATURE _____ EMPLOYEE or PAYROLL ID # _____



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

NAME _____

TITLE/
RANK _____ DIVISION: POLICE _____ FIRE _____ 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 WEEKLY PAY PERIOD: \$ _____ DATE: _____

NOTE: Individual membership is \$120 annually (\$2.31 per pay period) and family membership (two adults) is \$200 annually (\$3.85 per pay period).

FOR OFFICE USE

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

