

Please Print this form and complete the blanks. Send the form back with the application.

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

Law Enforcement Benevolent Fund NoVA
Employee Organization or Association

FFX Police
County Agency

Employee Name (print or type)

County EIN or SSN

Effective Date

\$ 1.60
Amount

I hereby authorize my employer, Fairfax County Government, to deduct from my earnings such amount of Dues as may be now or hereafter be payable by me to the organization named above. This agreement shall remain in effect until such time as it is amended or rescinded by me in writing.

Signature

Date