

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

<b>EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION</b>	
<u><b>Law Enforcement Benevolent Fund NoVA</b></u> Employee Organization or Association	<u><b>FFX Police</b></u> County Agency
_____ Employee Name (print or type)	_____ County EIN or SSN
_____ Effective Date	<u><b>\$ 2.25</b></u> Amount (amount includes .25 Fairfax Payroll Transaction Fee)
<p><b>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 This agreement shall remain in effect until such time as it is amended or rescinded by me in writing.</b></p>	
_____ Signature	_____ Date