

LAW ENFORCEMENT BENEVOLENT FUND of NoVA
**Dues Deduction Authorization for Alexandria Police and Office of
Sheriff Employees.**

I am an employee of the:

Police Department

Office of Sheriff

Employee's Name (print or type)

Department Serial Number

\$2.00

Social Security Number

Amount (per bi-weekly pay period)

I hereby authorize my employer, the City of Alexandria, to deduct from my salary or wages earned by me such amount of dues as may now or hereafter be payable by me to the Law Enforcement Benevolent Fund. This authorization shall remain in effect until terminated by me in writing.

Signature

Date