



EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION



LawEnforcementBenevolentFundNoVa

Employee Organization or Association

MCPD

City Agency

Employee Name (print or type)

SSN

Effective Date

\$2.00

Amount

I hereby authorize my employer, City of Manassas Government, to deduct from my earnings such amount of Dues as may 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 This agreement shall remain in effect until such time as it is amended or rescinded by me in writing.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

Please complete this form and return with the enrollment application.