

# EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

**Law Enforcement Benevolent Fund of NOVA**  
Employee Organization or Association

\_\_\_\_\_  
County Agency

\_\_\_\_\_  
Employee's Name (print)

\_\_\_\_\_  
6-digit PERSON # from FOCUS

**Pay period #**

Effective Date

**\$ 2.75**

Amount

**I hereby authorize my employer, Fairfax County 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 This agreement shall remain in effect until such time as it is amended or rescinded by me in writing.**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