

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

Law Enforcement Benevolent Fund

Employee Organization or Association

APP/DPSC/PD/SO

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 This agreement shall remain in effect until such time as it is amended or rescinded by me in writing.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

I understand that the organization named above is NOT the exclusive bargaining agent for my bargaining unit and therefore is not eligible to represent me if an exclusive bargaining agent (union) has been elected and certified for my bargaining unit.