

New York State Payroll Deduction Authorization

Employee Name: _____

Identification Number (B# or N#): _____

Today's Date: _____

Parking IFR
Code: 429

Agency: Binghamton University
Agency Code: 28020

Parking Garage / Paid Lot Access Card Fee Schedule

Check only one

The dates of deduction are determined by the lag payroll dates.

☐ **Start**

To the State Comptroller:

I hereby authorize the deduction of \$19.20 from each of my biweekly checks for access to the garage/paid lot and to transmit such withholding amount to said IFR. I understand that this authorization may be revoked at any time by written notice filed with the Parking Office.

First Deduction Date: _____ (FOR OFFICE USE ONLY)

☐ **Cancel**

To the State Comptroller:

Let this serve as written notice to cancel the \$19.20 deduction from each of my biweekly checks for access to the garage/paid lot.

Last Deduction Date: _____ (FOR OFFICE USE ONLY)

ORIGINAL SIGNATURE IS REQUIRED. *Submit in person to the Parking Service office.*

Date

Employee signature