

RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK

BINGHAMTON UNIVERSITY

PAYROLL DEDUCTION AUTHORIZATION

*** * * PARKING PERMIT FEES * * ***

Name (please print): _____

Identification Number (B#): _____
(Parking Office will provide)

TO THE RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK

I hereby authorize you to deduct \$140.55 from my salary check(s) in payment for parking and registration fees from September 1st thru August 31st.

\$35.14 will be deducted from four paychecks.

I understand that I may revoke this payroll deduction at any time by giving written notice to the Research Foundation of State University of New York Personnel/Payroll Office, located in the ITC Building, first floor.

Employee signature

Date

PARKING SERVICES
PROCESSING APPROVAL _____

RESEARCH FOUNDATION
PROCESSING APPROVAL _____