BINGHAMTON UNIVERSITY
RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK

PAYROLL DEDUCTION AUTHORIZATION
GARAGE / PAID LOT/ LOT J1 (Reserved) ACCESS CARD

Employee Name (please print): _____

Identification Number (B#): _____

TO THE RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK

I hereby authorize you to deduct $_____ from my salary check(s) in payment for the parking and registration fees as designated below.

PARKING GARAGE / PAID LOT / LOT J1 (Reserved) ACCESS CARD FEE SCHEDULE

(Please check only one)

To be deducted from ***SIX*** payroll checks

____	Annual (9/1 – 8/31; $75.00 from each check)	$450.00 total

OR, to be deducted from ***FOUR*** payroll checks

____	Fall (9/1 – 1/31; $43.75 from each check)	$175.00 total
____	Spring (2/1 – 5/31; $43.75 from each check)	$175.00 total

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.

Prior to revoking this authorization, I understand that the proximity card must be returned to Parking Services.

_____ _____
Employee signature Date

SPONSORED FUNDS PROCESSING APPROVAL _____