

**BINGHAMTON UNIVERSITY
RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK**

PAYROLL DEDUCTION AUTHORIZATION

GARAGE / PAID LOT ACCESS CARD

(Please Circle One Choice Above)

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; \$62.50 from each check) \$250.00 total

_____ Spring (2/1 – 5/31; \$62.50 from each check) \$250.00 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 _____