



# Payroll Deduction Authorization

**Employee Name:** \_\_\_\_\_

**Identification Number (B#):** \_\_\_\_\_

*(Parking Office will provide if needed)*

**License plates to link to my permit:** \_\_\_\_\_

*(Up to 2 plates)*

**Note:** Parking permit deductions made by the Research Foundation are only available for permits purchased by September 30 of the academic year.

## Option 1: Garage / Paid Lot Permit

Annual ☐ \$500.00 total (8/1 – 8/31/26; \$62.50 from each check of EIGHT payroll checks)

Fall ☐ \$275.00 total (8/1 – 1/31/26; \$68.75 from each check of FOUR payroll checks)

Spring ☐ \$275.00 total (1/1/26 – 5/31/26; \$68.75 from each check of FOUR payroll checks)

*There is no summer deducted permit*

## Option 2: Open Lot Permit

Annual ☐ \$160.00 total (8/1 – 8/31/26; \$40.00 from each check of FOUR payroll checks)

---

## 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 above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsored Funds Processing Approval

\_\_\_\_\_  
Date