

PAYROLL DEDUCTION AUTHORIZATION

Employee Name (please print):	
Identification Number (B#):(Parking Office will provide if needed)	
License plates to link to my permit:,,,,,	
Annual \square \$500.00 total (8/16 – 8/15; \$83.33 from each check of SIX payroll checks)	
Fall \square \$275.00 total (8/16 – 1/18; \$68.75 from each check of FOUR payroll checks)	
Spring \square \$275.00 total (1/19 – 5/31; \$68.75 from each check of FOUR payroll checks)	
There is no summer deducted permit	
Note: Garage parking payroll deductions are available year-round.	
Option 2: Open Lot Permit	
Annual \square \$160.00 total (8/16 – 8/15; \$40.00 from each check of FOUR payroll checks)	
Note : Parking permit deductions made by the Research Foundation are only available for permits purchased by September 30 of the academic year.	
TO THE RESEARCH FOUNDATION OF STATE UNIVE	
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 Research Foundation of State University of New York Personne ITC Building, first floor.	
Employee signature	Date
Parking Services Processing Approval	Date
Sponsored Funds Processing Approval	Date