Payroll Deduction Card Towson University

AGENCY CODE	SOCIAL SECURITY NUMBER	❑ Dr. ❑ Mr. ❑ Ms. EMPLOYEE NAME (PLEASE PRINT)
3 6 0 2 2 4		

Payroll Deduction Authorization

Payroll Type: Regular system only

Deduction Action Requested:

❑ INITIATE ❑ CANCEL

Deduction Type:

UM SYSTEM PARKING CODE AD

To be deducted biweekly over the remaining Pay Periods

The total biweekly charge will represent the total permit cost divided by the number of eligible pay periods remaining.

Total Permit Cost: _____

This deduction will continue for each year wile you are employed at Towson University. To cancel the payroll deduction, a Payroll Deduction Authorization from marked "CANCEL" must be received by the Auxiliary Services Business Office. Permit MUST be returned when canceling parking payroll deduction.

Department: _____

PLACE OF EMPLOYMENT: **TOWSON UNIVERSITY**

If not processed through the State Payroll System, the balance due for my parking registration fee will be invoiced or transferred to my financial account. I understand that I am financially obligated for the pro-rated cost of my permit until the permit is returned to the Auxiliary Services Business Office.

If you are dropped from Payroll Deduction for any reason (including no pay), which results in parking fees not being deducted, you are responsible for any missed payments.

See back for Personal Record Disclosure.

Rate Code=

I understand and agree that by authorizing to have automatic parking deductions taken out of my paycheck, the deductions will be on a pre-tax basis and will not be included in my Federal, State or FICA wage base.

I authorize a bi-weekly deduction to be taken from my earnings in the amount indicated on this authorization form and acknowledge that the parking fee can be amended in accordance with future fee changes.

X _____

SIGNATURE OF EMPLOYEE DATE