

**West Virginia University Employee Parking Payment Authorization**

**THIS AUTHORIZATION IS VALID BEGINNING DATE SIGNED THRU TERMINATION**

I hereby authorize my employer, West Virginia University, to deduct from my earnings my current monthly amount which will then be transmitted to the West Virginia University Parking Management and applied to my annual parking permit fee.

I understand the deduction will be made semi-monthly on a continuing basis from my pay, following receipt of authorization by the West Virginia University Payroll.

I further understand that I may revoke this authorization at any time by reporting to the West Virginia University Parking Management and surrendering the associated permit. The revocation will become effective the pay period following the receiving of the written notice and any privilege associated with the parking permit to which applied will terminate.

\*9 Month employee \_\_\_\_\_

\*12 Month employee \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**MIDDLE INITIAL:** \_\_\_\_\_

**UNIVERSITY PO BOX:** \_\_\_\_\_

**CURRENT AREA:** \_\_\_\_\_

I want: Pretax Payroll Deduction [ ]

Post-tax Payroll Deduction [ ]

I am paid by:

WVU\_\_\_ BRNI\_\_\_ EMERG MED\_\_\_ WVU FOUNDATION\_\_\_ UHA\_\_\_

PHARM\_\_\_ OCC MED\_\_\_ WVU-H/DAN\_\_\_ WVU/RCORP\_\_\_ WVU-H\_\_\_

IT\_\_\_

**The undersigned authorizes the payroll deduction as indicated above:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\*PARKING MANAGEMENT ONLY\*\*\*\*\*

Permit# \_\_\_\_\_ HB \_\_\_\_\_ Proxy# \_\_\_\_\_ Form of Payment \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_ Comments \_\_\_\_\_

Payroll authorization contact \_\_\_\_\_

Payroll office \_\_\_\_\_