

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 _____