



AUTHORIZATION FOR PAYROLL DEDUCTION

IMPORTANT: In order to elect the option have having your Employee (RP) Parking Permit deducted from your payroll, please complete this form, print it out, and bring it **IN PERSON*** to the Transportation Services office.

Please provide the following information:

Name _____
Last First MI

EMPLID _____ Phone _____

Department _____

By signing this form, I authorize Florida State University's Payroll Department to make payroll deductions for my FSU Parking Permit as described below:

I understand that I must return my permit to Parking Services upon separation from employment with FSU. Failure to do so will result in the remaining balance due for the annual cost of parking to be placed on Accounts Receivable with the University Controller's Office.

Signature Date

*Please Note: For security reasons, the person whose signature is on this document is the only person from which we will accept the form. Please do not send anyone else in your place to submit the form.

FINANCIAL SERVICES USE ONLY

12 month appointments: _____ payments of \$ _____

Processed by _____

09 month appointments: _____ payments of \$ _____

Permit Number _____