



UNIVERSITY OF
TORONTO
MISSISSAUGA

2012-2013 Parking Permit Cancellation Form

The parking permit and cancellation form must be received by Parking & Transportation Services prior to office closing on the 5th business day of the month; otherwise, the month will be considered used. Cancellation fees apply.

Please refer to the Refund Schedule for cancellation deadlines and amounts.

Personal Information

Surname

Given Name

Student # / Personnel #

Terms of Agreement

**IF THE PARKING PERMIT IS NOT RETURNED,
PAYROLL DEDUCTIONS CANNOT BE STOPPED AND A REFUND CANNOT BE ISSUED**

☐ I **HAVE** returned my parking permit to the Parking Services office

Signature: _____ Date: _____

For Office Use

Permit Type: Unreserved Premium CCT P1 P5 Sessional Resident

Permit Number: _____ (If upgraded) **Replaced By:** _____

Method of Payment:

- | | |
|--|---|
| <input type="checkbox"/> Monthly Payroll Deduction | <input type="checkbox"/> Visa / MasterCard / Amex / Debit |
| <input type="checkbox"/> Bi-Weekly Payroll Deduction | <input type="checkbox"/> Department Debit Memo |
| <input type="checkbox"/> Post-dated Cheques | <input type="checkbox"/> Other (please state): _____ |

Payroll Deductions will be stopped for the month of: _____ (photocopy for file)

Post-dated cheques were returned on: _____

A credit of \$ _____ **was issued to the client. Slip # / Chq #** _____

Debit Memo refund: UTMP # _____

Notes _____

Parking Rep. _____ **Date:** _____