

**West Virginia University Institute of Technology
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 bi-weekly 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.

I agree to post-tax payroll deduction.

Last Name: _____ First Name: _____ Middle Initial: _____

Employee ID Number: _____

Phone Number: _____ Email: _____

Campus Department and Title: _____

I am paid by: WVU WVU Foundation WVU/RCorp

VEHICLE #1

STATE: _____ STYLE: 2D STATION WAGON MAKE: _____
PLATE #: _____ 4D TRUCK MODEL: _____
YEAR: _____ SUV VAN COLOR: _____

VEHICLE #2

STATE: _____ STYLE: 2D STATION WAGON MAKE: _____
PLATE #: _____ 4D TRUCK MODEL: _____
YEAR: _____ SUV VAN COLOR: _____

VEHICLE #3

STATE: _____ STYLE: 2D STATION WAGON MAKE: _____
PLATE #: _____ 4D TRUCK MODEL: _____
YEAR: _____ SUV VAN COLOR: _____

The undersigned authorizes the payroll deduction as indicated above:

*** PARKING MANAGEMENT TO FILL OUT BELOW PORTION ONLY ***

Permit Number: _____ Date: _____ Comments: _____
Form of Payment: _____ Person Selling Permit: _____
Payroll Authorization Contact: _____