UCR PARKING SERVICES  PAYROLL DEDUCTION/CANCELLATION REQUEST

NAME: _______________________________  I.D# ____________________________

DEPARTMENT: _______________________________  EXT: _______________

VEHICLE INFORMATION

LICENSE#: ___________________  MAKER: ___________________  YEAR: ____________  COLOR: ____________

☐ NEW DEDUCTION  PER MONTH ___________________  PERMIT# ___________________

☐ CHANGE DEDUCTION  PER MONTH ___________________  PERMIT# ___________________

☐ CANCEL DEDUCTION (ATTACH PERMIT)  DATE PERMIT RETURNED ___________________

IMPORTANT NOTICE: PLEASE READ BEFORE SIGNING:
THIS IS A LEGAL AND BINDING CONTRACT. PAYROLL DEDUCTION SHALL BE EFFECTIVE ON THE DAY INDICATED
AND WILL REMAIN IN EFFECT UNTIL CANCELLED BY ME AND PERMIT IS RETURNED TO PARKING SERVICES.

EMPLOYEE SIGNATURE: _______________________________  DATE __________ / ______ / ______

PWR PK INPUT BY: ___________________  DATE: ___________________

SIS INPUT BY: ___________________  DATE: ___________________