

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 B _____	DATE: _____

1. Parking Services – File

2. Cashier

3. Employee