UAA Parking Permit Payroll Deduction Form *(Please Print, use ink)* TKL_____

Last Name | First Name | MI | UA ID#

Department Name | Work Phone | Department Location

Agreement

I agree to comply with University Parking Regulations. I accept responsibility for any parking violations that may occur on the vehicle that I am the registered owner of and on the vehicles that display my permit. I certify the information on this application is true and correct. I further acknowledge that if my permit is lost or stolen, I am responsible for its full replacement cost.

I authorize UAA to deduct the amount of the parking permit fee from my pay for _____ pay periods. (Not to exceed 4.)
I understand that if I should terminate before the outstanding balance has been paid the remaining balance will be deducted from my final paycheck.

Signature | Date

Please send original completed signed form to Parking Services.

Office Use Only

Permit Number Issued

Total Amount | Cashier's Intials