

Permit #:					
Date:					
		MPLOYEE VEHICLE IZATION FOR PAYRO			
Please Type or Print (clearly)				
Name:					
Last		First		Middle	
MCID #:					
FACULTY:	STAFF]			
I have selected the fo	ollowing type of on-ca	ampus parking available	to me for the period Sep	tember 1 through August	
	0 11			asis as indicated. I further	
understand that if I p	ourchase my parking	permit after the 15th of	the month, my deduction	n for the month will be at	
50% of the equivaler	nt rate.				
(Check both the park	ing benefit and deduct	ion schedule that you sele	ct):		
PARKING BENEFIT			DEDUCTION SCHEDULE		
	Annually		Monthly	Bi-Weekly	
General	\$418.00	2x\$209.00	12x\$34.83	26x\$16.08	
			or 10x\$34.83		
Reserved	\$627.00	2x\$313.50	12x\$52.25	26x\$24.12	
			or		
			10x\$52.25		
By signing below, I have.	hereby authorize Mor	ehouse College to deduc	t from my payroll check	the total amount stated	
I also understand tha	t this pre-tax deduction	on will not be considered	l wages for Federal Insur	rance Contribution Act	
	-	or federal and state inco			
Signature:		Date:			