

# NEW YORK STATE PAYROLL DEDUCTION AUTHORIZATION

Employee Name \_\_\_\_\_

Identification Number (B# or N#) \_\_\_\_\_

Today's Date \_\_\_\_\_

Parking IFR  
Code: 429

Agency: Binghamton University  
Agency Code: 28020

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## PARKING GARAGE/PAID LOT ACCESS CARD FEE SCHEDULE

*Please check only one*

The dates of deduction are determined by the lag payroll dates.

**Start**

To the State Comptroller:

I hereby authorize the deduction of \$19.20 from each of my biweekly checks for access to the garage/paid lot and to transmit such withholding amount to said IFR. I understand that this authorization may be revoked at any time by written notice filed with the Parking Office.

**First Deduction Date** \_\_\_\_\_ **(FOR OFFICE USE ONLY)**

**Cancel**

To the State Comptroller:

Let this serve as written notice to cancel the \$19.20 deduction from each of my biweekly checks for access to the garage/paid lot.

**Last Deduction Date** \_\_\_\_\_ **(FOR OFFICE USE ONLY)**

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***ORIGINAL SIGNATURE IS REQUIRED. Submit in person to the Parking Services office.***

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE