

Drexel Parking Services Payroll Deduction Form

To be completed by eligible employees wishing payroll deduction for parking with Drexel Parking Services on a pre-tax basis at the University City Main Campus or Queen Lane Medical Campus

Parking Services Official Use Only

Parking Office Authorized Signature _____ Date: ____-____-____

Customer Information

Employee First and Last Name: _____ Employee ID Number: _____

Department: _____ Title: _____

Office Location: _____ Official University Email: _____ Campus Phone Number: ____-____-____

Please Check One: Drexel University City Main Campus Drexel University College of Medicine

Payroll Information (Amount deducted is based on the pay-cycle and campus rate for the employee)

Please Check One: New Enrollment Re-Enrollment Make a Change

Please Check One: Monthly Pay Cycle Bi-Weekly Pay Cycle Weekly Pay Cycle

Please Check One: Full-Time Part-Time **Please Check If Motorcycle Only, Not a Car Permit:** Motorcycle

Cessation Election

I wish to discontinue my parking deduction. **Cessation Election** (Please Check Box)

Note: Permit display tag must be surrendered with form request.

Authorization Agreement

I authorize Drexel University or Drexel University College of Medicine to deduct in full the appropriate current rate amount from my paycheck to cover the cost of the permit parking fee. I accept and authorize all future rate increases, and request payroll deduction to continue until I request a cessation election. To request a cessation election, I understand I must contact the Parking Service Office to file another form. I must also return my parking permit display tag (and if any the access card to the Parking Services Office) and reconcile any amount due, or to be refunded in canceling the agreement. I further understand that if, for any reason, I terminate my employment with Drexel University or Drexel University College of Medicine, the portion of the obligation still outstanding will be deducted from my final paycheck pending reconciliation by the Parking Services Office.

Signature: _____ Date: _____