**WESTERN CAROLINA UNIVERSITY**

**PAYROLL DEDUCTION AUTHORIZATION FOR PARKING PERMIT**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby authorize the payroll office of Western Carolina University to reduce my compensation by the amount of the monthly parking permit fee. This deduction will continue until I terminate participation in the plan or separate from WCU employment.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail the completed form in a **sealed** envelope or hand deliver to:

Parking Operations

Western Carolina University

106 Cordelia Camp Building

Cullowhee, NC 28723

828-227-7275