

AGENCY CODE										UID (UNIVERSITY ID NO.)										EMPLOYEE NAME (PLEASE PRINT)									
3	6		0	2		0	0		X	X											LAST	FIRST	MIDDLE I.						
DEDUCTION: AD University of Maryland Department of Transportation Services										DEDUCTION ACTION REQUESTED										DAYTIME PHONE NUMBER ()									
										<input type="checkbox"/> INITIATE <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL										EMPLOYING DEPARTMENT:									
This deduction will continue until a Payroll Deduction Authorization form marked "cancel" is received by the Department of Transportation Services. Permit must be returned when canceling parking payroll deduction										IF YOU ARE DROPPED FROM PAYROLL DEDUCTION FOR ANY REASON (INCLUDING NO PAY), WHICH RESULTS IN YOUR PARKING FEES NOT BEING DEDUCTED, YOU ARE RESPONSIBLE FOR ANY MISSED PAYMENTS. YOU WILL RECEIVE THE METROCHEK BENEFIT THE MONTH FOLLOWING THE DEDUCTIONS BEING TAKEN FROM YOUR PAY.										Campus Code: 01College Park 03UMBI 08UMSA Systems Other: _____									
																				Pay Period: _____ Ending Date: _____									
																				<i>I understand and agree that by authorizing to have automatic Metrochek deductions taken out of my paycheck the deduction will be on a pre-tax basis and will not be included in my Federal, State or Fica wage base.</i> <i>I authorize a bi-weekly deduction to be taken from my earnings in the amount indicated on this authorization form.</i>									
																				SIGNATURE OF EMPLOYEE									
X										X																			