Name _____

Empl ID _____

PARKING AUTHORIZATION FOR PAYROLL DEDUCTION

I, request The University of Texas Health Science Center at Houston pay parking charges in lieu of compensation otherwise payable directly to me until revoked by either party. This agreement is executed to be effective with respect to amounts earned or after the execution of this agreement, and pursuant to the provisions of Section 132(f) of the *Internal Revenue Code of 1986* as amended and as authorized under Section 659.201, et.seq., Government Code, *Vernon's Texas Civil Statues*, as amended.

DEDUCTION POLICY: PARKING IS PAID ONE FULL MONTH IN ADVANCE

FOR SUCH PURPOSE, I HEREBY AUTHORIZE UTHSC TO TAKE THE ACTION(S) INDICATED BELOW:

Contract Effective Date: _____/_____/_____ for the month of _____

Deduct from EACH paycheck on a pre-tax basis in the amount of $_____($_____per month)

This is An Initial Authorization An Amended Authorization Discontinuance

Parking Coordinator Completes:

1. $_____ Semi-Monthly Deduction Amount
2. $_____ Retroactive Amount Due (Begin Date _____to End of Month _____)
3. $_____ Additional Retroactive Amount (if any) (_____)
4. $_____ Total One Time Deduction

Parking Coordinator Signature_____Phone Number_____

Parking Facility: ___AUX ___HMC ___MDA ___MSI ___OCB

___SON ___UCT ___UPG ___PRES ___PVAM

_____TMC Garage/Lot

I, _____understand that if parking rates increase, my deduction will automatically increase unless a signed **Discontinuance** form is provided to the Benefits Office. It is also my understanding that in the event of an adverse ruling by the *Internal Revenue Service* concerning the federal income tax liability of individuals who participate under this plan, it will be my responsibility to satisfy any federal income tax deficiency. I also understand that it is my responsibility to confirm that parking deductions are being taken from my paycheck. If deductions are not occurring, it is my responsibility to contact the parking office to resolve the issue. In the event that my access card is programmed to be unusable due to non-payment, a $10 late fee will be assessed.

Sign Name _____Print Name_____Date_____