



Morgan State University  
Deduction Authorization Form for Enrollment/Change/Cancellation  
Faculty ~ Staff Parking

This form is used to establish or change the employee's contribution amount for bi-weekly deductions for parking fees. This form is valid only when signed by both the employee and the Parking Services Coordinator. Please print or type all information in **BLACK INK** for electronic imaging.

Human Resources/Payroll Agency Code

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Banner Identification Number

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(Required by the State Central Payroll Bureau)

Deduction Action Required:

Initiate

☐

Change

☐

Cancel

☐

Employee Name

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
M.I.

Employee Total Bi-weekly Deduction Amount (*Please check one of the following*)

☐

Handicap, Reserved

\$15.00 Bi-weekly / \$300 Annual

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Ungated, Overflow (Lot Y)

\$12.00 Bi-weekly / \$240 Annual

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Parking Garage

\$30.00 Bi-weekly / \$600 Annual

Employee Authorization

Effective upon receipt at the State Central Payroll Bureau, I authorize the State of Maryland to deduct from my salary the above amount and forward it to Morgan State University. I understand and agree that by authorizing to have automatic parking deductions taken out of my paycheck, the deductions will be on a pre-tax basis and will not be included in my Federal, State or FICA wage base. I authorize the bi-weekly deduction to be taken from my earnings in the amount indicated on this authorization form and acknowledge that the parking fee can be amended in accordance with future fee changes. I understand that deductions will begin on the next available pay period upon receipt of this form at the State Central Payroll Bureau.

\_\_\_\_\_  
Employee's Signature:

\_\_\_\_\_  
Date:

**For Parking Services Use Only**

\_\_\_\_\_  
Lot Assignment

\_\_\_\_\_  
Account #

**443-885-7275**

\_\_\_\_\_  
Parking Services Coordinator

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parking Services Coordinator's Phone Number