

**THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS
2011-2012 CARPOOL PARKING REGISTRATION APPLICATION**

Primary Driver:

Last Name _____ First Name _____ Employee Number _____

Department _____ Title/Certification _____ MC or Student Box # _____ Ext. or Pager # _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Automobile Information:

Auto #1: License Plate: _____ State: _____ Make/Model: _____ Style: 2dr, 4dr, CV, SUV, Van, TK, SW, HB, MC

Method of Payment:

Cash Check IDR Visa MC Disc Amex Exp. Date _____

Payroll Deduction* Signature: _____ Date: _____

Rider #1:

Last Name _____ First Name _____ Employee Number _____

Department _____ Title/Certification _____ MC or Student Box # _____ Ext. or Pager # _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Automobile Information:

Auto #1: License Plate: _____ State: _____ Make/Model: _____ Style: 2dr, 4dr, CV, SUV, Van, TK, SW, HB, MC

Method of Payment:

Cash Check IDR Visa MC Disc Amex Exp. Date _____

Payroll Deduction* Signature: _____ Date: _____

Rider #2:

Last Name _____ First Name _____ Employee Number _____

Department _____ Title/Certification _____ MC or Student Box # _____ Ext. or Pager # _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Automobile Information:

Auto #1: License Plate: _____ State: _____ Make/Model: _____ Style: 2dr, 4dr, CV, SUV, Van, TK, SW, HB, MC

Method of Payment:

Cash Check IDR Visa MC Disc Amex Exp. Date _____

Payroll Deduction* Signature: _____ Date: _____

Rider #3:

Last Name _____ First Name _____ Employee Number _____

Department _____ Title/Certification _____ MC or Student Box # _____ Ext. or Pager # _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Automobile Information:

Auto #1: License Plate: _____ State: _____ Make/Model: _____ Style: 2dr, 4dr, CV, SUV, Van, TK, SW, HB, MC

Method of Payment:

Cash Check IDR Visa MC Disc Amex Exp. Date _____

Payroll Deduction* Signature: _____ Date: _____

***Payroll Deduction Authorization**

I understand that Payroll Deductions will be adjusted automatically if parking rates increase or decrease. I HEREBY AUTHORIZE THE PAYROLL DEPARTMENT TO DEDUCT PARKING REGISTRATION FEES FROM MY PAYCHECK AS A PRE-TAX DEDUCTION. I UNDERSTAND THAT I MUST CANCEL THIS AUTHORIZATION IN WRITING TO STOP DEDUCTION.

Note: This payroll deduction will remain in effect until employment status changes or Parking Services receives notification of change(s) from you.

I authorize Parking Services to cancel my Payroll Deductions for parking. Please check box **ONLY** if canceling.

I agree to assume full responsibility for violations involving my vehicle(s), my decal number, or my garage access card, regardless of who actually drives and parks the vehicle on the campus. I have received and further agree to abide by the Parking Services' Vehicle Regulations and Parking Guide and understand that failure to do so may be the basis for further disciplinary action by the University. If my Visa, MasterCard, Discover, or American Express account number is provided, I authorize Parking Services to charge my account the amount I have shown.

Signature _____ **Date** _____

Faculty: \$550	2: \$275.00 / person 3: \$183.34 / person 4: \$137.50 / person	Employee: \$375 (Staff Premium)	2: \$187.50 / person 3: \$125.00 / person 4: \$ 93.75 / person
Student: \$105	2: \$52.50 / person 3: \$35.00 / person 4: \$26.25 / person	\$350 (Staff)	2: \$175.00 / person 3: \$116.67 / person 4: \$ 87.50 / person

Pricing will be based on parking facility chosen.

Office Use Only

Decal 1 #: _____	Decal 2 #: _____	Decal 3 #: _____
Amount Paid \$ _____	Amount Paid \$ _____	Amount Paid \$ _____
Receipt #: _____	Receipt #: _____	Receipt #: _____