Innovista Parking, LLC

Registration & Payroll Deduction Authorization Form University of South Carolina Regular Faculty and Staff Parking

Please complete all of the information requested on this Registration and Payroll Deduction Authorization form and return to the Innovista Parking, LLC office located at 821 Park Street, Columbia, SC 29201.

Regular, Full Time and Part Time Faculty/Staff members may purchase a monthly parking permit via payroll deduction. The monthly rate for 12-month and 9-month University of South Carolina faculty/staff is \$65 and \$86.66, respectively. The monthly parking permit fee will be taken out on a semi-monthly basis.

Once Innovista Parking, LLC receives this completed form, your automatic deductions will be processed and your permit will be issued. Permits must be picked up at the Innovista Parking, LLC office. Permits cannot be mailed.

The Faculty/Staff monthly permit will be valid the first of the month in which the permit was purchased and will remain valid until you submit a written cancellation of this authorization and return your permit to the Innovista Parking, LLC.

Please note that in the event of cancellation, termination, resignation or leave of absence it is the employee's responsibility to return the parking permit to Innovista Parking, LLC in order to stop payroll deductions. Monthly charges will continue until the parking permit is returned. Additionally, Customer understands that the below balance will be owed regardless of early cancellation or cessation of parking.

Employee Name:	Department:			
Last Four of SSN#	<i>‡</i> :	E-Mail:		
821 Park Str	reet Garage	519 Main Street	Garage	;
at a monthly rate f	or 12-month and 9-mon	th University of S	outh Ca	es due me, pre-tax parking fees currently established arolina faculty/staff. Amount deducted semi- Payroll deduction will be enrolled pre-tax.
	Monday - Friday	(\$780/yr)		12 Month Faculty/Staff
	Monday - Saturday	(\$1,020/yr)		9 Month Faculty/Staff
	Monday - Sunday	(\$1,200/yr)		
authorization may	this deduction will be y be revoked at any tindering the permit to Inn	ne that I cease to	use t	. I further understand that this he parking facilities by filing a written revocation
Cancel this m	onthly deduction. The p	parking permit is a	ttached	
returned, and writt for the remainder	en cancellation has been of the month. I further all not entitle me to refund	completed, Innov understand that in	ista Par terrupt	ch the permit is cancelled. Once the permit has been king, LLC will issue you a temporary parking permit ion of my payroll deduction by the surrender of my funds were deducted. It is my responsibility to apply
	a \$25.00 replacement for a state of the stat			at have been lost or stolen. I hereby request that
Signature:		Date:		