

SOUTHERN METHODIST UNIVERSITY

Parking and ID Card Services Office
Pre-tax Parking Deduction Authorization
Form

Employee Name: _			
	(First)	(Initial)	(Last)
Please check the	appropriate bo	ox:	
		e-Tax Parking Deduction l e published parking rate w	Plan and authorize the payroll ith pre-tax earnings.
I am scheduled to l	be paid by SMU:	Biweekly (every two	weeks)
		e-Tax Parking Deduction F Card Services Office with	Plan. I will pay my annual parking cash or check.
paid through payroll d	leduction. I also und		on Plan is automatic for parking n in the Plan is optional and I ma
choose to start/stop pa	irticipation at any tin	ne in the future pursuant	to eligibility and Plan guidelines
Employee Signature: _			to eligibility and Plan guidelines
Employee Signature: _			to eligibility and Plan guidelines
Employee Signature: _	➤ For Parking an	nd ID Card Services Offi	to eligibility and Plan guidelines
Employee Signature: _ Employee SMU ID: _	➤ For Parking an	nd ID Card Services Offi	to eligibility and Plan guidelines
Employee Signature: _ Employee SMU ID: _ I have received notific	➤ For Parking an eation of employee's d	nd ID Card Services Offi	to eligibility and Plan guidelines Date: Ce Use Only Stop
Employee Signature: _ Employee SMU ID: _ I have received notific his or her parti	➤ For Parking an eation of employee's d	nd ID Card Services Offi decision to Pre-Tax Parking Deductio	to eligibility and Plan guidelines Date: Ce Use Only Stop

Return completed form to: SMU Parking and ID Card Services Office Hughes-Trigg Student Center Ste. 216

P. O. Box 750412 Dallas, TX 75275-0412

Distribution: Original – Payroll Department Copy – Parking Office