Payroll Authorization/Cancellation Request Form CS-783

I hereby authorize the State Comptroller to deduct the sum of $_____ from each of my salary checks. I also authorize the State Comptroller to transmit the bi-weekly deductions to the Office of General Services, as reimbursement for parking permit fees they assess. I authorize the State Comptroller to make necessary adjustments to allow for future incremental increases or decreases in the basic fee or applicable taxes. This authorization will continue in effect until I submit a signed revocation to the Office of General Services, Bureau of Parking Management.

Name _____ Signature_____

Agency _____ *NYS Employee ID No. _____ Date _____

If your parking privileges are in a gated parking location,
please include your State ID number from the back of your card for gate activation: 2*_____

Cancellation Request

I request that the State Comptroller discontinue taking deductions from my salary checks to cover the cost of parking permit fees. I understand that this cancellation request must be submitted at least 10 business days prior to the cancellation effective date, and contain the new/correct agency code to ensure timely stoppage of the deduction, and that I must return my hang tag parking permit to the Bureau of Parking Management.

Name _____ Signature _____Date _____

Cancellation Effective Date _____ Lot Assignment/ Permit Number _____

Agency _____ *NYS Employee ID Number _____

Leaving State Service ☐ Yes ☐ No

Changing Agency? ☐ Yes ☐ No

If yes, new agency _____ Agency Department ID_____

**Can be found on your paycheck stub under the Pay Start Date and Pay End Date*

NYS Office of General Services Bureau of Parking Management
Concourse Level, Room 130 | Empire State Plaza | Albany, NY 12242 | p. 518.474.8118 | f. 518.474.0111 | parking.ogs.ny.gov