



## **PAYROLL DEDUCTION FOR PARKING FORM**

NAME: \_\_\_\_\_

DEPARTMENT : \_\_\_\_\_

EMPLOYEE ID #: \_\_\_\_\_

EXT.: \_\_\_\_\_

PAY CYCLE: (Circle One)

Cooper      HPA

**SHERIDAN GARAGE**  
3 COOPER PLAZA

**MED SCHOOL GARAGE**  
510 BENSON ST

**101 HADDON LOT**

**HOSPITALGARAGE**  
1 COOPER

\_\_\_\_\_ (2221)

\_\_\_\_\_ (2225)

\_\_\_\_\_ (5112)

\_\_\_\_\_ DAY (2216)

\_\_\_\_\_ NIGHT/WKND (2217)

I hereby authorize Cooper University Hospital to deduct from my paycheck every pay for the present month's parking coverage.

**I realize that these deductions will automatically continue UNLESS:**

**I submit a STOP DEDUCTION FORM (Available at the Parking Office)**

**\* (I am responsible for stopping this deduction should I choose to do so.)\***

Note: If you have not had a deduction taken your parking card/sticker will be cancelled and you must see the Parking Office to make payment for the present month. The payroll deduction for parking will again occur automatically the next payroll period except when a written request to stop the deduction has been made. All rules will remain in effect.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

You may hand deliver to the Parking Office in the Hospital Garage, fax (856)361-1962 or email  
[Parking-Office@cooperhealth.edu](mailto:Parking-Office@cooperhealth.edu)

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### **This section for Parking Office Use Only:**

Current Parking Card Number : \_\_\_\_\_

\_\_\_\_\_ Start Deduction \_\_\_\_\_ Stop Deduction \_\_\_\_\_ Lot Assignment Change

Refund Due: \_\_\_\_\_

COVERAGE TO START: \_\_\_\_/\_\_\_\_/\_\_\_\_ AUTHORIZED BY: \_\_\_\_\_