Parking and Transportation Services
Talon Center Room 132
2500 West North Ave.
Baltimore, Md.21216
410.951.3556- Office

2012/2013 FACULTY/STAFF PARKING PERMIT INSTALLMENT AGREEMENT

(Please Print)

Employee Name_____ **CSU ID#**_____

Department_____ **Department or Ext**._____

Home address

I understand and agree that I am obligated to make all installment payments due for the purchase of my parking permit. I will be billed in four monthly payments of 25% of the total cost. Installments are due upon receipt of bill. If an installment payment is not received by the due date the entire outstanding balance will be due. I understand and agree that my financial responsibility does not end until my parking permit is turned into Parking and Transportation Services.

Total Permit cost monthly per agreement $_____

OFFICE USE ONLY

PERMIT #_____

PROCESSED BY _____

☐ **CASH, CHECK, CREDIT CARD** or **MONEY ORDER** in the amount designated made payable to Coppin State University is enclosed with my application.

Due Dates: August 22nd , September 19th , October 17th and November 14th .

I understand and agree to the terms above.

Employee Signature:_____ **Date:**_____

NOTE: Agreements submitted with incorrect installment amount will be returned with the application.

Personal Record Disclosure For The Payroll Deduction Payment Plan

The purpose of collecting this information is to enable Parking and Transportation Services to effectively administer the payroll deduction plan you are requesting. Refusal to or providing inaccurate information may result in the rejection of your request from Central Payroll. Individuals are provided the right to inspect and if incorrect, amend information during normal business hours. Information provided is not made available for public inspection. Personal information will only be made available to other administrative offices at Coppin State University for business or government agencies as would be required by law.