

## ALLRIGHT PARKING PROGRAM CANCELLATION

Please use this form to cancel an Allright Parking Program deduction from your paycheck. Simply complete this form and return it to your department payroll clerk. They will forward your request to Central Payroll, 522 RCGC-West, 50 W. Kellogg Blvd., Saint Paul, MN 55102. The cancellation form must be received at least 35 days prior to the cancellation month.

### **CANCELLATION / CHANGE**

Please cancel my participation in the Allright Parking Program. I understand my participation in the Allright Parking Program will continue unless this form is received in Central Payroll at least 35 days prior to the cancellation month.

<b>NAME:</b> _____ (Please Print)	<b>Employee ID #:</b> _____
<b>SIGNATURE:</b> _____	<b>DATE:</b> _____
<b>DEPT. NAME:</b> _____ (Location/Department)	<b>WORK PHONE #:</b> _____

**Please cancel my deduction of \$40.00 per month for the Allright Parking Program**

**Date Received:** \_\_\_\_\_

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