



TEXAS SOUTHMOST
COLLEGE

Payroll Deduction Authorization

Employee Name _____ TSC ID No. _____

Home Address, City, Zip _____

Cell. Phone _____ Office Extension _____

Position Title _____ Department _____

TSC Email _____

Please make the following Deduction to my payroll.

- Yearly TSC Parking Permit \$ _____ / Month or \$ _____ One time
- Adjunct Faculty Parking Permit (\$20 per Fall, Spring or Summer) \$ _____
- REC Membership fee per month \$ _____
- Other _____ \$ _____ / Month
- Other _____ \$ _____ One time

I Authorize the above one time and monthly Payroll Deductions.

Employee Signature

Date

For Parking Permits

Driver's License # _____

License Plate _____

Vehicle Make _____

Vehicle Model _____