

## COMMUTER CHOICE AGREEMENT FOR GARAGE TRANSFERS

PLEASE TYPE OR PRINT LEGIBLY (ILLEGIBLE FORMS WILL BE RETURNED)

MUNIS Employee # \_\_\_\_\_ Employee \_\_\_\_\_ Agency \_\_\_\_\_

Current Parking Location \_\_\_\_\_

New Parking Location \_\_\_\_\_

This agreement applies only to the above transfer of parking locations. I understand there will be a one-time adjustment for the monthly parking deduction to address any difference in monthly fees. Thereafter, the amount for the new parking location will be deducted from the first pay of each month and will be used to pay for the following month's parking.

It is my responsibility to review my paycheck stub for the first pay date of the month to ensure the proper amount is deducted. In the event the payment was not processed, it is my responsibility to pay Franklin County Public Facilities Management directly.

I understand this agreement is an extension of the original authorization I signed for participation in the Commuter Choice Program and all applicable agreements remain in effect.

I understand that nothing in the Commuter Choice Program supercedes the terms and conditions of a parking agreement with Franklin County Public Facilities Management.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(TO BE COMPLETED BY FRANKLIN COUNTY PUBLIC FACILITIES MANAGEMENT)

VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

KEY CARD #: \_\_\_\_\_