



# Cancellation



## Parking Permit Cancellation Form

The parking permit and cancellation form must be received by Parking & Transportation Services prior to office closing on the **5<sup>th</sup> business day of the month**; otherwise, the month will be considered used. Cancellation fees apply.

Please refer to the Refund Schedule for cancellation deadlines and amounts.

### Personal Information

Surname

Given Name

Student # / Personnel #

### Terms of Agreement

**IF THE PARKING PERMIT IS NOT RETURNED,  
PAYROLL DEDUCTIONS CANNOT BE STOPPED AND A REFUND CANNOT BE ISSUED**

I **HAVE** returned my parking permit to the Parking Services office

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

### For Office Use

<b>Permit Type:</b>	Unreserved	CCT	P1	P5	Sessional
	Resident	Temporary		Commercial	Evening

**Permit Number:** \_\_\_\_\_ **Replaced By:** \_\_\_\_\_

#### Method of Payment:

- |  |  |
|--|--|
| <input type="checkbox"/> Payroll Deduction       | <input type="checkbox"/> Visa / MasterCard / Amex / Debit / Online |
| <input type="checkbox"/> Internal Transfer (FIS) | <input type="checkbox"/> Department Debit Memo                     |
| <input type="checkbox"/> Post-dated Cheques      | <input type="checkbox"/> Other (please state): _____               |

**Payroll Deductions will be stopped for the month of:** \_\_\_\_\_ *(photocopy for file)*

**Post-dated cheques were returned on:** \_\_\_\_\_

**A credit of \$** \_\_\_\_\_ **was issued to the client. Slip # / Chq # / Online** \_\_\_\_\_

**Debit Memo refund: UTMP #** \_\_\_\_\_

**Notes** \_\_\_\_\_

**Parking Rep.** \_\_\_\_\_

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