

Applicant Details:

Full Name: _____ School/Section: _____
 Student Staff Staff/Student ID Number: _____
 Address: _____
 Phone: _____ Email: _____

Permit Type (Tick One)

- Zone 7 (allocated space & Zone 4 Access)
 Zone 4 (Permit parking areas only)

Home Campus (Select from dropdown)
Vehicle Registration No. _____

Year: _____ Make: _____
 Model: _____ Colour: _____

Declaration: I understand that permits remain the property of the University and may be suspended or revoked for non-compliance with the parking permit conditions. I hereby undertake to display the issued permit on the dashboard of my vehicle as directed and to comply with the University Parking Rules. I further understand that any breach of these rules will result in a parking infringement plus enforcement costs, being issued in accordance with the Infringements Act 2006 under the authority of the Road Safety Act, 1986.

Signature of Applicant: _____

Date: _____

Payment Details *This document authorises Federation University to process this CREDIT CARD transaction via manual entry into the University's EFTPOS merchant facility*
 Credit Card
Staff Only Payroll Deduction Options **
Refer to the following instructions

- Salary Sacrifice (Pre-Tax) Deduction**
 Fortnightly Payroll (After Tax) Deduction

Complete the following declaration:
 Authority for Fortnightly Payroll (After Tax) ** **Permanent staff only**

Deduction: I hereby authorise my parking fee to be deducted from my salary fortnightly at the amount being the annual fee, divided by twenty six fortnightly payments of \$ _____.

I acknowledge that these deductions will roll over each calendar year and be adjusted to the current year rates until I cancel my permit and officially withdraw my payroll deduction authority.

Signed: _____

Date: _____

All details must be completed in full to process this transaction. The following cards are acceptable for payment, please tick appropriate box

 MasterCard Visa card American Express

Credit Card Number: _____

Expiry Date: _____

Amount: \$ _____

As payment for: _____

Card Holder's Name: _____

Card Holder's Signature: _____

Date: _____

Office Use Only

Permit No Allocated: _____ Allocation Date: ____ / ____ / ____ Annual cost of Permit: \$ _____

Approved By: _____ Signed: _____ Receipt Number: _____

Payroll Use only

Deductions Approved By: _____ Signed: _____ Date: ____ / ____ / ____

Fortnightly Deduction \$ _____