

PAYROLL DEDUCTION FORM

FastPark&Relax



PARK PLACE  
AIRPORT PARKING

LOCATION

Employee Name

Date of Incident

Customer Name or Vehicle #

Total Due from Employee


TO: PARKING COMPANY OF AMERICA INSURANCE DEPARTMENT

I hereby accept responsibility of all cost up to a maximum of \$500 incurred by Parking Company of America ("PCA") due to the attached incident. I hereby agree that I owe the amount of \$\_\_\_\_\_ for LOSS \_\_\_\_\_ DAMAGE \_\_\_\_\_ THEFT \_\_\_\_\_ (Check one).

I \_\_\_\_\_ hereby authorize PCA's Payroll Department to withhold the total amount of \$\_\_\_\_\_ from my paychecks. I agree that this amount will be deducted in installments of \$\_\_\_\_\_ per paycheck, beginning with pay period ending \_\_\_\_\_ and continue until paid in full.

I agree that in I leave employment with PCA or my employment is terminated for any reason, any balance remaining due and payable will be deducted from my final paycheck.

I agree that if my paycheck is not enough to pay for the balance remaining due and payable, I will pay PCA the difference within thirty (30) days of the date of the final paycheck.

I hereby waive any rights I have to the above-reference amount under the Fair Labor Standards Act, any state Wage Payment Statute, or any other statutory or civil tort claim and release Parking Company of America from any liability thereunder.

\_\_\_\_\_  
(Employee Print full name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Manager Print full name)

\_\_\_\_\_  
(Manager Signature)