

**Oregon State Employee**  
**Monthly Transit Payroll Deduction Enrollment**  
**Cherriots / Commuter Club / Oregon Coachways**

State of Oregon employees have the option of paying for transit or commuter bus costs by payroll deduction. The cost is deducted from paychecks each month, all or part of it pre-tax, as shown. Your agency will mail the transit passes to you.

To enroll in the program, complete this form and return it to your agency payroll office. This authorizes your agency to make the payroll deduction and to adjust it for any fare increases. To make changes or cancel your deduction, use the Change/Cancellation form. Please allow six weeks for payroll to process your request.

PRINT Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

I request the following deduction (check one):

- |   |          |
|---|----------|
| <input type="checkbox"/> Cherriots (Salem only, \$35 pre-tax)   | \$35.00  |
| <input type="checkbox"/> Cherriots (Salem + Wilsonville 1X service, \$55 pre-tax)   | \$55.00  |
| <input type="checkbox"/> Cherriots (Salem only, Special Citizen, \$15 pre-tax)<br>(Special Citizen: age 60+ or persons with disabilities) | \$15.00  |
| <input type="checkbox"/> Commuter Club (\$115 pre-tax/\$70 post-tax)  | \$185.00 |
| <input type="checkbox"/> Oregon Coachways (\$115 pre-tax/\$75 post-tax)   | \$190.00 |

Starting month: \_\_\_\_\_

**State of Oregon Authorization**  
**For Monthly Transit Cost Payroll Deduction**

*I authorize my agency to deduct from my wages \$\_\_\_\_\_ per month until further notice.  
I also authorize my agency to adjust this amount to accommodate fare increases.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Agency Payroll Offices – Please contact Dorothy Fitzpatrick at Cherriots (503) 588-2424 x2383 to provide your agency information if you have not previously processed any monthly bus passes.**

**Oregon State Employee**  
**Monthly Transit Payroll Deduction Change/Cancellation**  
**Cherriots / Commuter Club / Oregon Coachways**

To make changes or cancel your deduction, complete this form and return it to your agency payroll office. Please allow six weeks for payroll to process your request.

**Check Requested Change**

**Address Change**

PRINT Name \_\_\_\_\_ Eff. Date of Change \_\_\_\_\_

**New Home Mailing Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

**Cancel My Deduction**

Please cancel my transit cost payroll deduction.

The last month I want to pay for is \_\_\_\_\_.

**Change My Deduction Type to:**

Cherriots (Salem only, \$35 pre-tax) \$35.00

Cherriots (Salem + Wilsonville 1X service, \$55 pre-tax) \$55.00

Cherriots (Salem only, Special Citizen, \$15 pre-tax) \$15.00  
(Special Citizen: age 60+ or persons with disabilities)

Commuter Club (\$115 pre-tax/\$70 post-tax) \$185.00

Oregon Coachways (\$115 pre-tax/\$75 post-tax) \$190.00

Starting month: \_\_\_\_\_

**Restart My Deduction**

I would like to restart my transit cost payroll deduction for  Cherriots

Commuter Club  Oregon Coachways for the month of \_\_\_\_\_.

**State of Oregon Authorization**  
**Change in Transit Cost Payroll Deduction**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date