

Monthly Transit Payroll Deduction Enrollment TriMet / C-Tran

State of Oregon employees have the option of paying for transit costs by a monthly pre-tax payroll deduction. Agency payroll offices distribute bus passes to employees.

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.

Agency payroll offices: to set up a contract with Tri-Met to purchase transit passes for agency employees, please contact Don Rhodes at 503-962-7670 or employerprograms@trimet.org.

To make changes or cancel your deduction, use the Change/Cancelation form on the following page.

Please allow six weeks for payroll to process your request.

Employee name _____

Home mailing address _____

City _____ State _____ Zip _____ Work phone _____

I request the following deduction (check one):

- | | | | |
|---|----------|---|----------|
| <input type="checkbox"/> TriMet Adult/WES | \$100.00 | <input type="checkbox"/> C-Tran All Zone | \$100.00 |
| <input type="checkbox"/> TriMet Lift | \$74.00 | <input type="checkbox"/> C-Tran PDX Express | \$125.00 |
| <input type="checkbox"/> TriMet Honored Citizen | \$28.00 | <input type="checkbox"/> C-Tran Honored Citizen | \$33.00 |

Starting month for pass _____

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 up to and including the maximum allowed
 under Federal law to accommodate fare increases.

 Employee Name

 Signature

 Date

*Up to a maximum of \$255 a month per Federal law as of 12/1/2006

Monthly Transit Payroll Deduction Enrollment TriMet / C-Tran

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

Employee name _____ Effective date of change _____

New home mailing address _____

City _____ State _____ Zip _____ Work phone _____

Cancel My Deduction

Please cancel my transit pass payroll deduction. The last pass I want to receive is for the month of _____.

Change My Deduction Type to:

TriMet Adult/WES \$100.00

TriMet Lift \$74.00

TriMet Honored Citizen \$28.00

C-Tran All Zone \$100.00

C-Tran PDX Express \$125.00

C-Tran Honored Citizen \$33.00

Starting month for pass _____

Restart My Deduction

I would like to restart my transit cost payroll deduction for TriMet C-Tran for the month of _____.

State of Oregon Authorization for Change in Transit Cost Payroll Deduction

Employee Name

Signature

Date