

Monthly Transit Payroll Deduction Enrollment

Cherriots / Cherriots Regional / Commuter Club

Fleet & Parking Services
 1100 Airport Rd SE
 Salem, OR 97301-6082
 503-378-5090
 503-378-2157 fax
state.parking@oregon.gov
<https://www.oregon.gov/DAS/FleetPark>

State of Oregon employees have the option of paying for transit or commuter bus costs by a monthly pre-tax payroll deduction. Agency payroll offices distribute Cherriots and Cherriots Regional transit 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: if you have not previously processed any monthly bus passes, contact Dorothy Fitzpatrick at 503-588-2424 ext. 2383 to provide your agency information.

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 _____

Agency _____ OR# _____

Home mailing address _____ City _____

State _____ Zip _____ Work phone _____

I request the following deduction (check one):

Cherriots:

Salem only - \$45.00

Salem only, Reduced* - \$22.50

Universal- Salem + Wilsonville 1X + Cherriots Regional - \$85.00

Universal- Salem + Wilsonville 1X + Cherriots Regional, Reduced* - \$42.50

Commuter Club, Tualatin to Salem, Driver - \$100.00

Contact Jeff: 503-947-4432

Cherriots Regional:

Adult – age 19-59 - \$60.00

Reduced* - \$30.00

*age 60+ or persons with disabilities

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.

 Employee Name

 Signature

 Date

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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 the requested change

Address change

Employee name _____ Effective date of change _____

Agency: _____ OR #: _____

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 - \$45.00

Salem only, Reduced* - \$22.50

Universal- Salem + Wilsonville 1X + Cherriots Regional - \$85.00

Universal- Salem + Wilsonville 1X + Cherriots Regional, Reduced* - \$42.50

Commuter Club, Tualatin to Salem, Driver - \$100.00

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Cherriots Regional:

Adult – age 19-59 - \$60.00

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Restart my deduction

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

Commuter Club for the month of _____.

State of Oregon Authorization for Change in Transit Cost Payroll Deduction

 Employee Name

 Signature

 Date