



Commuter Account Model Enrollment Form - Card Plan

Profile Information

Employee Name (First, Last) _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____ / ____ / ____

Date Hired: ____ / ____ / ____

Home (street) Address: _____ City _____ State _____ Zip _____

Phone: (____) _____

Email: _____

Monthly Election/ Payroll Deduction Information

Transit:

I elect to contribute \$_____._____ per month (\$280 pre-tax/up to \$220 post-tax = Total \$500)

Parking:

I elect to contribute \$_____._____ per month (\$280 pre-tax/ up to \$220 post-tax = Total \$500)

The amount(s) I have elected will be deducted from my pay in equal installments on a pretax and/or post-tax basis. The election will continue throughout the year unless I update/change through my employer.

Employee signature: _____ Date: _____

Please return form to your Human Resources Department for processing when complete.