

**State of Rhode Island
Department of Administration
Office of Accounts and Control**

AUTHORIZATION CARD FOR RIPTA COMMUTING PASS PAYROLL DEDUCTION

Employee's Name (Print)

Last	First	Initial
Social Security No.	Approp. Acct. No.	Agency Name
Organization Name and Number RIPTA	Biweekly Amt. To Be Contributed \$	

To State Controller:

START PAYROLL DEDUCTION (Check below)

_____ I hereby authorize you to deduct from my salary each biweekly pay period the amount indicated above and to pay this amount as a bi-weekly contribution to the Rhode Island Public Transit Authority (RIPTA) to purchase a commuter pass(es):

	<u>HOW MANY</u>	<u>TOTAL</u>	<u>BIWEEKLY</u>
15-RIDE PASS.....\$26 X _____		\$ _____	\$ _____
<i>(1 PASS = \$13.00 BIWEEKLY; 2 PASSES = \$26.00 BIWEEKLY; 3 PASSES = \$39.00 BIWEEKLY)</i>			
OR			
MONTHLY PASS.....\$62 X _____	1	\$ 62.00	\$ 31.00

NOTE: YOU ARE ALLOWED TO PURCHASE TRANSIT PASSES FOR YOUR PERSONAL USE ONLY. THEREFORE, YOU CAN PURCHASE UP TO 3 15-RIDE PASSES OR 1 MONTHLY PASS EACH SECOND BIWEEKLY PAYROLL PERIOD.

This authorization is to be effective as soon as received by you and is to remain in effect until I notify you in writing 30 days in advance of its cancellation.

STOP PAYROLL DEDUCTION (Check below)

_____ I hereby request you to stop deducting from my salary each biweekly pay period the amount indicated above.

Date **Signature of Employee**

Preaudit