

**UNIVERSITY OF MARYLAND, BALTIMORE
OFFICE OF PARKING & TRANSPORTATION SERVICES
APPLICATION FOR MARC COMMUTER BENEFIT PROGRAM**

APPLICANT INFORMATION

Last Name: First Name: M I:

Home Address: City: State: Zip:

Department: Employee ID or Social Security:

Home Phone: Work Extension:

UMB Email:

*** THE PROGRAM IS SUBJECT TO THE FEDERAL AND/OR STATE LIMITS FOR THIS BENEFIT. IF THE REGULATIONS CHANGE, MY EMPLOYER CAN TERMINATE OR MODIFY THIS PROGRAM.**

Enroll in the MARC Commuter Benefits Program: *Pricing based on line, origin and destination*

MARC Line - Circle One: Penn Camden Brunswick

Origin: Destination:

I authorize my Employer to have automatic deductions taken out of my paycheck for a MARC commuter pass. This authorization will be in effect until I cancel at Parking and Transportation Services (PTS). Deductions may continue after cancellation, subject to the current deduction schedule available at PTS. I understand that I will receive a MARC monthly pass approximately the fourth week of every month. I must pick up my pass at PTS. PTS is not responsible for lost or stolen passes. I must enroll for seven pays before cancelling my enrollment in the Program.

Employee Signature Date

Cancel my Commuter Pass Benefit:
I appeared in person at PTS to authorize stopping my payroll deduction for the MARC commuter pass.

Employee Signature Date

OFFICE USE ONLY

Sign-up Date:

Payroll Code:

Entered in T2: