

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

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**APPLICANT INFORMATION**

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Last Name:		First Name:		M I:			
Home Address:		City:		State:		Zip:	
Department:			Social Security:				
Home Phone:			Work Extension:				
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 Commuter Benefits Program:

Pass Type: (Check One)      Regular      Express      Premium: 1    2    3    4

I authorize my Employer to have automatic deductions taken out of my paycheck for a 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 MTA 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 commuter pass.

\_\_\_\_\_      \_\_\_\_\_  
Employee Signature      Date

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**OFFICE USE ONLY**

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Sign-up Date:		Payroll Code:		Entered in T2:	
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