



Employer Pass Order Form

Date: _____

Company: _____

Address: _____

Contact: _____

Phone No: _____


	Number Requested
<u>Full Fare</u> <u>\$75</u>	_____
<u>Reduced Fare</u> <u>\$37.50 *</u>	_____
<u>10 trip PAL Pass</u> <u>\$35 **</u>	_____
<u>20 trip PAL Pass</u> <u>\$70 **</u>	_____

Total \$ _____ for the purchase of the Metro passes listed above.

This form and payment due by the 10th of the month preceding the month in which the passes will be used. Payments should be made to:

NFTA/Metro System, Inc.,
Cash Management Office – 2nd floor
181 Ellicott Street, Buffalo, NY 14203

For more information, contact Metro Cash Management:

Voice: 716-855-7202  TTY/Relay 711 or [800-662-1220](tel:800-662-1220) Fax: 716-855-7311

www.nfta.com

* Reduced Fares: Qualified individuals are 65+, have a Medicare card or a disability. (For information on qualifying disabilities, call (716) 855-7360 or visit nfta.com. To take advantage of reduced fares riders must present either a Medicare card (red, white and blue), a Senior card issued by Erie or Niagara County or a reduced fare ID card issued by NFTA-Metro when paying.

** Metro PAL services are available to registered PAL customers only. For qualifications, visit nfta.com.