

Employer's Monthly Pass Form

	Date:	
Company:		
Address:		
Contact:		
Title:		
Phone No:	Email:	
Please furnish tl	ne passes as indicated below for the Month of	, 200
_	ne \$55 No. passes, Zone 1 No. passes, Zone 3 No. passes, Zone 2 No. passes, Zone 4 e \$66	
REDUCED I	No. passes	
One Zo	nne \$27.50 No. passes, Zone 1 No. passes, Zone 3 No. passes, Zone 2 No. passes, Zone 4	
All Zone	s \$33 No. passes	
	ck in the amount of \$ for purchase of the Metro s indicated above.	

Kindly submit this form and payment by the 10th of the month preceding the month in which the passes will be used. Or, call Metro's Cash Management Office to place your order.

Thank you.

Payments should be made to: NFTA/Metro System, Inc., Cash Management Office – 2nd floor 181 Ellicott Street, Buffalo, NY 14203 Phone: (716) 855-7202 – 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 www.nfta.com/metro/reduced fare.asp.) To take advantage of reduced fares along with a valid fare, when boarding riders are to 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.