



## **Employee Participation Form**

Company Name (Employer): \_\_\_\_\_

Address: \_\_\_\_\_

Human Resources Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Metro Pass Holder (**Employee Name**): \_\_\_\_\_

Department/Division \_\_\_\_\_ Phone/Ext: \_\_\_\_\_

**Please select your Metro Pass choice from the following:**

### **FULL FARE**

☐ One Zone only (Circle: 1 2 3 4 ) \$55

☐ ALL Zone \$66

### **HALF FARE \***

☐ One Zone only (Circle: 1 2 3 4 ) \$27.50

☐ ALL Zone \$33

*\* Proper photo ID must be presented to the Metro bus driver or rail fare inspector upon request.*

I will begin participation in the Metro Advantage Program for the month of \_\_\_\_\_, 200\_\_\_\_. I hereby authorize my employer (above) to deduct the designated Metro Pass fee from my paycheck on a monthly basis as a pre-tax deduction.

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

\_\_\_\_\_  
Date

**The IRS requires employers to retain this form on file.**

Please notify your Human Resources Department, in writing, one month prior to any changes in the referenced deduction. Thank you.

NFTA – NFTA Metro System, Inc.  
181 Ellicott Street  
Buffalo, New York 14203  
Ph (716) 855-7300  
[www.nfta.com](http://www.nfta.com)