



Employer's Monthly Pass Form

Date: _____

Company: _____

Address: _____

Contact: _____

Title: _____

Phone No: _____ Email: _____

Please furnish the passes as indicated below for the Month of _____, 200__.

FULL FARE

One Zone \$64.

_____ No. passes, Zone 1 _____ No. passes, Zone 3

_____ No. passes, Zone 2 _____ No. passes, Zone 4

All Zone \$77.

_____ No. passes

REDUCED FARE *

One Zone \$32.

_____ No. passes, Zone 1 _____ No. passes, Zone 3

_____ No. passes, Zone 2 _____ No. passes, Zone 4

All Zone \$38.50

_____ No. passes

Enclosed is a check in the amount of \$ _____ for purchase of the Metro Advantage passes 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.

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