



Employee Participation Form

Company Name (Employer): _____

Address: _____

Human Resources Contact: _____ Phone: _____

e-mail: _____

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

REDUCED FARE*

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

☐ ALL Zone \$33

I will begin participation in the Metro Advantage Program for the month of _____, 20____. 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 submit this form to your human resources or payroll department to participate in the program. Notify your human resources or payroll department, in writing, one month prior to any changes in the referenced deduction. ***Thank you.***

NFTA-Metro Cash Management Office
181 Ellicott Street Buffalo, New York 14203
Ph. (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 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.