



**CTA TRANSIT BENEFIT FARE PROGRAM
PRE-TAX MONTHLY DEDUCTION**

I hereby allow my employer, the Chicago Transit Authority, to deduct no less than \$10 and no greater than \$225 pre-tax dollars from my payroll once a month.

\$_____ per month for my Transit Master Debit Card, which can be used to purchase fares or passes sold (CTA, Pace, Metra, South Shore or certain Amtrak routes fare media).

Signature: _____

ID #: _____

Date: _____



**TRANSIT BENEFIT PRE-PAID
DEBIT CARD PROGRAM**

In order to enroll in the Transit Benefit Pre-Paid Debit Card Program, you must provide the information requested on this form:

Print Name: _____ Badge #: _____

Mailing Address : _____

Home/Cell Phone Number: (_____) _____

Email Address: _____

Date of Birth (MM/DD/YYYY): _____

Signature: _____ Date: _____