Boston University Medical Campus

updated 07/2012

MBTA Monthly Pass Payroll Deduction Authorization Form

Name: _____

Last, First

BU ID#: _____ **Work Phone:** _____

To be eligible, you must be an employee and on the payroll of BUMC. Pre-taxed MBTA passes are available through **payroll deduction only**. Please put a check **(X)** next to the type of pass desired below. Deductions will be made the month prior to issuance of the MBTA pass. Up to $230 is tax deductible.

	Local Bus**	**$ 48 /month**		**Zone 2**	**$ 189/month**
	Link**	**$ 70 /month**		**Zone 3**	**$ 212/month**
	Senior/T.A.P.	**$ 28 /month**		**Zone 4**	**$ 228/month**
	Inner Express Bus	**$ 110 /month**		**Zone 5**	**$ 252/month**
	Outer Express Bus	**$ 160 /month**		**Zone 6**	**$ 275/month**
	Commuter Boat	**$ 262 /month**		**Zone 7**	**$ 291/month**
	Zone 1A	**$ 70 /month**		**Zone 8**	**$ 314/month**
	Zone 1	**$ 173 /month**		**Zone 9**	**$ 329/month**

** First Time CharlieCard users: Your CharlieCard starts on the first day of the benefit month. Although you receive your CharlieCard a few days early, PLEASE DO NOT use it until the FIRST day of the benefit month or else you will be responsible for the cost of the full extra month.

Check one: ☐ **New Enrollment** ☐ **Change Pass Type** ☐ **Re-enrollment** ☐ **Cancel**

I hereby authorize my employer, BOSTON UNIVERSITY MEDICAL CAMPUS, **to deduct** from my paycheck the appropriate amount for the type of MBTA pass I have selected above. I understand that deductions will continue each month unless I provide written notification to TranSComm Office. I must let the office know if my employment with BUMC is terminated.

Please (X) check your pay frequency*: ☐ **WEEKLY** ☐ **MONTHLY**

* For all employees paid WEEKLY, you must cancel or change your MBTA pass SIX WEEKS prior to the cancellation month. Example: if you want to cancel your May pass, you must cancel in mid-March.

* For all MONTHLY paid employees, you must cancel or change your MBTA pass type by the 10th of the previous month. Example: If canceling for May, you must fill out a cancellation form by April 10th.

By signing below, I have read and understand the information above, and I am responsible for any extra expenses.

Email _____ **Cell Phone**_____

Employee Signature_____ **Date**_____

Please return this form to:
TranSComm (710 Albany St, Boston, MA 02118) or 617-638-7176 (FAX)
Any Questions Call 617-638-7473

***If you are faxing your application, you will receive a confirmation call within 24hrs (weekdays). If you do not receive the confirmation call, please call our office @ 617-638-7473.**

Office Use Only	
Confirmed by (initial)	
Date & Time	
Left message	