



Boston University Medical Campus

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	\$ 50 /month		Zone 3	\$ 222 /month
	Link	\$ 75 /month		Zone 4	\$ 239/month
	Senior/T.A.P.	\$ 29 /month		Zone 5	\$ 265/month
	Inner Express Bus	\$ 115 /month		Zone 6	\$ 289/month
	Outer Express Bus	\$ 168 /month		Zone 7	\$ 306/month
	Zone 1A	\$ 75/month		Zone 8	\$ 330/month
	Zone 1	\$ 182 /month		Zone 9	\$ 345/month
	Zone 2	\$ 198/month		Zone 10	\$ 362/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 ☐ CANCEL Pass ☐ Re-enrollment

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. 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 cancelling 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)
Email this form to: bumctranscomm@gmail.com
Any questions call 617-638-7473

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