## **OC Rideshare Program – Commuter Choice**



## **Payroll Deduction Authorization Form**



	First Name		Initial	nitial Last Name			Employee ID
Employee Name:							
	Home/	Mailing Address	1	Unit/Apt		City	Home Zip
Mailing/Home Address:							
	Work Start Time Work End Time			Work Email		mail	Work Phone
Work Information:							
	Work Address			Work City			Zip Code
						-	,
managed by HRS/Employee convenience of a once-per-Guidelines are available onl  Note: Employees must someould like to start receive I would like to purchase to Select all that apply:	month payroll deduct ine at <u>O C Rideshare (</u> ubmit this Payroll I ving the pre-tax be	ion using pre-tax doll Guidelines.  Deduction Form by nefits.	the 1st	of the mo	t establis nth, pric	hed by the IRS. The O	Commuter Choice Progra
OCTA Bus – Annual Perk Pass OCTA Express Bus Monthly Pass: 30-Day – Routes 701, 721, 749 30-Day – Routes 757 or 758 30-Day – Senior (60+) Pass Other TranBen Voucher (Amtrak/Enterprise Vanpool) Per Month Amount to Deduct: \$ (round to nearest dollar)		Metrolink Passes/Tickets:			CHANGES: (30-day notice required)  Change Pass/Ticket Type Change Address/Other Info  Please Cancel My Participation: TranBen VanpoolVoucher Metrolink/OC Bus Perk Pass  Effective Date:/		
Authorization: I hereby autifare amount from <i>one</i> of monocancellation, or when my eramount may vary each monoreserved for me to retrieve retrieving the pass, I unders	y bi-weekly payroll ch mployment status is n ith, and is based on th each month with my	ecks, and to continue not active. It is unders ne actual number of t Metrolink Corporate	e doing so tood tha rips take Quick Ca	o until I noti t if I select t n or passes ard or Metro	fy the OC he OCTA retrieved olink Mob	Rideshare Program Perk Pass or Metroli . I also understand the ile App is for a specifie pass for the month	Office by submitting a nk Single Day Pass(es), th hat the Metrolink Pass is fic route/stations and by

I am a County of Orange or Superior Court employee and have read and understand the Commuter Choice Program Guidelines. I will not transfer this employee benefit to any other person. The amount designated above does not exceed my average monthly commuting fares. I agree and understand that false certification may result in disciplinary action up to and including dismissal from employment and possible persecution for Federal income tax evasion. I hereby release and agree to hold harmless Innovative TDM Solutions (ITS), the County, its officers and employees from any liability or damages for failure on his part on making payments here authorized, or damages for failure to stop, or delay in stopping the deduction hereby requested. I shall hold ITS, the County and/or its officers harmless in any action which may be brought by me or by others on my behalf; and waive all claims against ITS and the County to all amounts so deducted from my salary and/or wages.

Please scan/email the completed application to <a href="mailto:rideshare@ocgov.com">rideshare@ocgov.com</a> or pony mail to: Rideshare Office – Bldg 10/Santa Ana; Room 105B