OC Rideshare Program – Commuter Choice



Payroll Deduction Authorization Form



	First Name		Initial Last Name			Employee ID		
Employee Name:								
	Home/Mailing Address			Unit/Apt		City		Home Zip
Mailing/Home Address:								
	Work Start Time Work End Time			Work Email				Work Phone
Work Information:								
	Work A	Work Address Work City		City	Zip Code			
All County of Orange and Somanaged by HRS/Employee convenience of a once-per-Guidelines are available onl Note: Employees must swould like to start receive I would like to purchase and start receives the start receives th	Benefits. This progra month payroll deduct ine at OC Rideshare G ubmit this Payroll I ving the pre-tax ber	m allows employees ion using pre-tax dol suidelines. Deduction Form by nefits.	to purch lars up t	nase transit o the amou t of the mo	passes or nt establis onth, pric	vanpool fare (voi hed by the IRS. T or to the actual	uchers) thr The Commu month th	rough the uter Choice Program
Select all that apply: OCTA Bus — Annual OCTA Express Bus M 30-Day — Route 30-Day — Senior Other TranBen Voucher (Arvanpool) Per Month Amount to \$ (round to	Ionthly Pass: s 701, 721, 749 s 757 or 758 r (60+) Pass mtrak/Enterprise	Metrolink Passes Month 5-Da SoCal Day Pass Pass Type: Adult Student/Disab * not available with N ** must attach copy *** only available wi Email: (Email required for us Boarding Station: Destination Station	Sen Sen Sel	ior** Veterar by dent or Drive app olink Mobile	** r License)	CHANGES: (3 Change Pa Change And Please Cance TranBen V Metrolink Effective Date	ass/Ticket ddress/Ot I My Part i anpoolVo /OC Bus F	ther Info icipation: oucher Perk Pass
Authorization: I hereby aut fare amount from <i>one</i> of m cancellation, or when my examount may vary each mor reserved for me to retrieve activating the pass, I unders	y bi-weekly payroll ch mployment status is n nth, and is based on th each month with my	ecks, and to continuo not active. It is unders ne actual number of t Metrolink Corporate	e doing s stood th rips take Quick C	so until I no at if I select en or passes ard or Metr	tify the OC the OCTA retrieved olink Mob	Rideshare Progr Perk Pass or Me . I also understar ile App is for a sp	ram Office trolink Sing nd that the	by submitting a gle Day Pass(es), the Metrolink Pass is

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 to make payments, 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 brough by me or by others on my behalf; and waive all claims against ITS and the County for all amounts deducted from my salary and/or wages.

Please scan/email the completed application to rideshare@ceo.oc.gov or pony mail to: Rideshare Office – 400 W. Civic Center Drive, 5th Floor, Santa Ana, CA 92701