



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 Address	Work City	Zip Code	

All County of Orange and Superior Court employees are eligible to participate in the **Commuter Choice Program** offered through OC Rideshare and managed by HRS/Employee Benefits. Employees may purchase Metrolink passes via monthly payroll deduction using pre-tax dollars, up to the IRS limit. Program guidelines are available online at [OC Rideshare Guidelines](#).

Note: Employees must submit this Payroll Deduction Form by the 1st of the month, prior to the month they wish to begin receiving pre-tax benefits.

I would like to purchase the following ticket/pass, or make the following change(s) to my existing participation information:

Select all that apply:

Metrolink Passes/Tickets:

Month 5-Day Flex One-Way*
 SoCal Day Pass
Pass Type: Adult Senior**
 Student/Disabled** Veteran**

* not available with Mobile App
 ** must attach copy of ID (Student or Driver License)

Email:
 (Email required for using Metrolink Mobile App)
 Boarding Station:
 Destination Station:

CHANGES: (30-day notice required)

Change Pass/Ticket Type
 Change Address/Other Info

Please Cancel My Participation:

Metrolink

Effective Date: / /

Authorization: I hereby authorize the County of Orange Auditor-Controller to make a once-per-month payroll deduction of the current prevailing fare amount from **one** of my bi-weekly payroll checks, and to continue doing so until I notify the OC Rideshare Program Office by submitting a cancellation, or when my employment status is not active. It is understood that if I select Metrolink Single Day Pass(es) or 5-Day Flex Pass(es), the amount may vary each month, and is based on the actual number of passes retrieved. I also understand that the Metrolink Pass is reserved for me to retrieve each month with my Metrolink Corporate Quick Card or Metrolink Mobile App is for a specific route/stations. By activating the pass, I understand that I must pay for the entire month even if I do not ride during that time. **If you plan to leave County employment, you are responsible for promptly canceling your payroll deduction authorization. You are responsible for the payment of all tickets/passes/vouchers provided under the Commuter Choice Program. If there are insufficient funds authorized under this payroll deduction authorization and/or your final paycheck, you will be responsible for the payment of any outstanding balance. The County and Superior Court reserve all rights to pursue legal action to recover the full amount owed, plus interest and legal fees, pertaining to any outstanding balance.**

Signature:

Date:

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 brought 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