



PRE-TAX COMMUTE BENEFIT PAYROLL DEDUCTION AUTHORIZATION FORM

Employee Name _____

Department _____

Work Phone No. _____ Employee ID _____

Checks will be available for pick up on the 16th of each Month at the Cashiers window.

Enrollment changes may only occur if you have a qualifying event or during the Open Enrollment period.

Total semi-monthly dollar amount you would like deducted (*IRS allows up to \$230.00 per month which equates to \$115.00 per pay period*)

\$ _____

In what denomination(s) would you like your TranBen Transportation Fringe Benefit Check(s)? (Example: 1-\$20, 1-\$95, 2-\$36)

\$ _____

\$ _____

\$ _____

TranBen provides a valid check payment for any transit pass, fare media or transit services.

Checks can be used only for transportation or transit related purchases.

Checks may not be exchanged for cash.

If transit purchase exceeds amount of check, the customer may pay difference out of pocket.

If transit purchase is less than amount of check, NO cash is due back to the customer.

I hereby authorize the City of Richmond to initiate a Semi-monthly Payroll Deduction.

Signed: _____ Date: _____

Payroll Deduction effective Date: _____



PRE-TAX COMMUTE BENEFIT PAYROLL DEDUCTION CANCELLATION FORM

Employee Name _____

Department _____

Work Phone No. _____ Employee ID _____

Reason for Cancellation

- Open Enrollment
- New born
- Marriage
- Divorce, Legal Separation
- Change in appointment status

I HEREBY CANCEL THE AUTHORITY PREVIOUSLY GIVEN TO MY EMPLOYER BY THIS WRITTEN NOTIFICATION FROM ME OR IT'S TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE EMPLOYER A REASONABLE OPPORTUNITY TO ACT ON IT.

Date: _____ Signed: _____

FOR PAYROLL USE ONLY

Munis Entry Date: _____

Entered By: _____

Cancellation Effective Date _____