

**Oregon State Employee**  
**Monthly Transit Payroll Deduction Enrollment**  
**TriMet / C-Tran**

State of Oregon employees have the option of paying for monthly transit costs by payroll deduction. The cost is deducted from paychecks each month. Your agency will mail the bus passes to you.

To enroll in the program, complete this form and return it to your agency payroll office. This authorizes your agency to make the payroll deduction and to adjust it for any fare increases. To make changes or cancel your deduction, use the Change / Cancellation form. Please allow six weeks for payroll to process your request.

PRINT Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

I request the following deduction (check one):

- |   |         |   |          |
|---|---------|---|----------|
| <input type="checkbox"/> TriMet 1-2 Zone        | \$81.00 | <input type="checkbox"/> C-Tran All Zone        | \$90.00  |
| <input type="checkbox"/> TriMet 2-3 Zone        | \$81.00 | <input type="checkbox"/> C-Tran Commuter Fare   | \$113.00 |
| <input type="checkbox"/> TriMet All Zone/WES    | \$92.00 | <input type="checkbox"/> C-Tran Honored Citizen | \$32.00  |
| <input type="checkbox"/> TriMet Lift            | \$52.00 |   |          |
| <input type="checkbox"/> TriMet Honored Citizen | \$26.00 | Starting Month for Pass                         | _____    |

**State of Oregon Authorization**  
**For Monthly Transit Cost Payroll Deduction**

*I authorize my agency to deduct from my wages \$\_\_\_\_\_per month\* until further notice.  
I also authorize my agency to adjust this amount up to and including the maximum allowed  
under Federal law to accommodate fare increases.*

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*Up to a maximum of \$110 a month per Federal Law as of 12/1/06

**State Agency:** Contact Don Rhodes at Tri-Met (503) 962-7670 or e-mail: [employerprograms@trimet.org](mailto:employerprograms@trimet.org) to setup a contract with Tri-Met to purchase transit passes for agency employees.

Oregon State Employee  
Monthly Transit Payroll Deduction Change / Cancellation  
TriMet / C-Tran

To make changes or cancel your deduction, complete this form and return it to your agency payroll office. Please allow six weeks for payroll to process your request.

**Check Requested Change**

**Address Change**

PRINT Name \_\_\_\_\_ Eff. Date of Change \_\_\_\_\_

**New** Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

**Cancel My Deduction**

Please cancel my transit pass payroll deduction. The last pass I want to receive is for the month of \_\_\_\_\_.

**Change My Deduction Type to:**

- |   |         |   |          |
|---|---------|---|----------|
| <input type="checkbox"/> TriMet 1-2 Zone        | \$81.00 | <input type="checkbox"/> C-Tran All Zone        | \$90.00  |
| <input type="checkbox"/> TriMet 2-3 Zone        | \$81.00 | <input type="checkbox"/> C-Tran PDX Express     | \$113.00 |
| <input type="checkbox"/> TriMet All Zone/WES    | \$92.00 | <input type="checkbox"/> C-Tran Honored Citizen | \$32.00  |
| <input type="checkbox"/> TriMet Lift            | \$52.00 |   |          |
| <input type="checkbox"/> TriMet Honored Citizen | \$26.00 |   |          |
- Starting Month for Pass \_\_\_\_\_

**Restart My Deduction**

I would like to restart my transit cost payroll deduction for  TriMet  C-Tran for the month of \_\_\_\_\_.

**State of Oregon Authorization  
Change in Transit Cost Payroll Deduction**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date