

Payroll Shared Services

Mass Transit

Payroll Deduction Authorization

I, _____, authorize SAO Payroll Shared Services to deduct the following from my paycheck beginning on the 15th of _____ for the following transit pass(es):

Georgia Regional Transportation Authority (GRTA)			
TRANSIT		MONTHLY RATE	SELECTION / CANCELLATION
Xpress - 31 Day Pass (GRTA)(Green Zone)	MEXPBB	\$90.00	
Xpress - 31 Day Pass (GRTA)(Blue Zone)	MEXPBB	\$125.00	
Xpress - 10 Ride Pass (GRTA)(Green Zone)	MXP10B	\$25.00	
Xpress - 10 Ride Pass (GRTA)(Blue Zone)	MXP10B	\$35.00	
MARTA Monthly Unlimited Pass (Limit 1 Pass)	MARTAB	\$80.75	
MARTA 10-Trip Breeze Ticket	MMT10B	\$25.00	

Passes above are loaded Monthly on MARTA assigned Breeze Cards

Georgia Regional Transportation Authority (GRTA)			
TRANSIT		MONTHLY RATE	SELECTION / CANCELLATION
Cobb (CCT) Monthly Unlimited Pass	MCCTB	\$125.00	
Cobb (CCT) 20-Ride Pass	MCT20B	\$65.00	
Gwinnett (GCT) Monthly Unlimited Pass – Zone 1	MGCTB	\$130.00	
Gwinnett (GCT) Monthly Unlimited Pass – Zone 2	MGCTB2	\$171.00	
Gwinnett (GCT) 10-Ride Pass – Zone 1	MGT101	\$32.50	
Gwinnett (GCT) 10-Ride Pass – Zone 2	MGT102	\$45.00	
Updated July 1, 2019			

I understand that the rates are established by the Georgia Regional Transportation Authority and the Marta, Cobb, and Gwinnett Transit Authority and are subject to change. I further authorize SAO

Payroll Shared Services to deduct the new monthly amounts as they are confirmed. I also understand that there is no refund for this pre-tax deduction.

******For DCS, DOAS/ Attached Agencies, OPB/ Attached Agencies, and PAP, DPH: I understand that I am responsible for the cost of the initial card and any replacement cards thereafter.**

CANCELLATION – Write CANCEL in the Selection / Cancellation field.

I understand that the payroll deduction is processed in the month proceeding the month that the transit pass is issued. I understand that the deadline to submit a written request to authorize, change, or discontinue payroll deductions is the **1st of the month** preceding the month that the transit pass is issued.

EMPLOYEE SIGNATURE: _____ DATE: _____

EMPLOYEE ID: _____ EMPLOYING AGENCY: _____

EMPLOYEE'S TRANSIT CARD # _____