



Employee Participation Form

I will begin participation in the Metro Advantage Program for the month of _____, 20____. I hereby authorize my employer to deduct the designated Metro Pass fee from my paycheck on a monthly basis as a pre-tax deduction.

Employee Signature

Date

Employee: _____

Company: _____

Address: _____


Contact: _____

Phone No: _____

		Number Requested
Full Fare	\$75	_____
Reduced Fare	\$37.50 *	_____
10 trip PAL Pass	\$35 **	_____
20 trip PAL Pass	\$70 **	_____

The IRS requires employers to retain this form.

For more information, contact Metro Cash Management:

Voice: 716-855-7202  TTY/Relay 711 or [800-662-1220](tel:8006621220) Fax: 716-855-7311

www.nfta.com

* Reduced Fares: Qualified individuals are 65+, have a Medicare card or a disability. (For information on qualifying disabilities, call (716) 855-7360 or visit nfta.com. To take advantage of reduced fares riders must present either a Medicare card (red, white and blue), a Senior card issued by Erie or Niagara County or a reduced fare ID card issued by NFTA-Metro when paying.

** Metro PAL services are available to registered PAL customers only. For qualifications, visit nfta.com.