

Authorization for Payroll Deduction For CTA Chicago Card Plus or RTA Transit Checks

NAME	UNIVERSITY ID (can be found on WildCard)	PHONE
HOME ADDRESS STREET	CITY	ZIP
Please check one:		
☐ New participant (New participants in Chicago Card	Plus are also required to complete the CTA	A form)
☐ Change my current deduction		
☐ Cancel my deduction effective	_	
☐ Suspend my deduction from (month, year)	to (month, year)	
I authorize Northwestern University to deduct from my(enter month and year, and check one		; in
for the purchase of CTA Chicago Card Plus \square \$30 \square \$45 \square \$60 \square \$80	□ \$96 (20 Day Page)	
\square \$30 \square \$45 \square \$60 \square \$80 for purchase of an RTA Transit Check	□ \$86 (30-Day Pass)	
□ \$40 □ \$50 □ \$60 □ \$70	□ \$80 □ \$90 □ \$100 □	\$110 \(\simeq \\$120
L \$70 L \$30 L \$00 L \$70		\$110 L \$120
RTA Transit Check Participants can choose where like to have your RTA transit coupons mailed:	to have their RTA checks sent. Please is	ndicate where you would
☐ Home ☐ Work location	☐ Payroll (Evanston) ☐ Payroll (Ch	icago)
As provided by the Transportation Equity Act, I will be from home to work and return. I will not give, barter other person. The monthly value that I receive does no 20 work days commuting by public transportation.	, exchange, or otherwise transfer this tra	nsit card or check to any
Changes for the current month deductions must be received the 5 th day of the current month. Changes received deduction. Initial enrollment for Chicago Card Plus tal mail you the card.	after the 5 th of the month will be made	to the following month's
I understand that if I want to cancel my deduction and the month, I will be issued a transit check for that mon University if the transit check is lost.		
I understand and agree that false certification may res employment and possible prosecution under tax laws.	ult in disciplinary action taken up to and	including dismissal from
Signature:	Date:	
Return this form and the CTA Chicago Card Plus for	orm (if this is an initial enrollment in that p	olan) to the Payroll

Division of Human Resources, 720 University Place, Evanston Campus or Abbott Hall, Room 850, .Chicago Campus.



RTA/CTA Transit Benefit Program Employee Enrollment Form



This form will be used to establish your Chicago Card Plus® account through the RTA/CTA Transit Benefit Fare Program. Your pre-tax payroll deduction administered by your employer or third-party administrator will be applied directly to your Chicago Card Plus account. Unless otherwise indicated by the CTA, the \$5 purchase fee is waived for new card orders. The replacement fee for lost cards is \$5.

Do you already own a Chicago Card Plus that you would like to use in the Tran	sit Benefit Fare Program?	
If yes, please provide the card number and PIN. Card #:	PIN:	
If yes, you will only need to fill out sections A and C. Once your first Transit Benefit dollars are reloading purposes only if the balance on this Chicago Card Plus falls below \$0.	e applied to your account, the credit card currently listed on your account will be charged for	
ENROLLMENT INFORI	MATION (Please Print)	
A. EMPLOYER INFORMATION (All field	s required)	
Company Name:	Phone Number:	
Address/Suite:	City/State/Zip:	
B. PERSONAL INFORMATION (All field	s required)	
Name (First/MI/Last):		
Home/Shipping Address:	City/State/Zip:	
Phone Number:	E-mail:	
Select a PIN for your account. Must contain any combination of four letters/nur		
C. FARE PAYMENT PREFERENCES AND		
Please select your initial fare choice and initial reload amount. Reload amounts must be changed	d through your employer. Fare choice can be changed only by you, either online or by phone.	
□ Pay-Per-Use: □ \$30 □ \$45 □ \$60 □ \$80 Full fare and transfers are deducted from your online account each time you ride. □ 30-Day Pass - \$86 Provides unlimited rides for 30 consecutive days beginning with the first taken using your Chicago Card Plus.		
CREDIT CARD BA	CK UP — OPTIONAL	
You may opt to provide a credit card to reload value to your account in the event that your a	ccount balance reaches \$0 before your next pre-tax reloading. Your credit card will be charged ur account balance to \$10. You can set up your account to send you an e-mail notification each	
Billing Name (First/MI/Last):	Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX	
Credit Card Billing Address:	City/State/Zip:	
Credit Card Number:	Expiration Date:	
Cardholder signature:	Credit Card security code:	
Please sign and date to authorize the establishment of your Chicago Card Plus account. Yo established by the Chicago Transit Authority. Terms and conditions are available at chicago-ca of pre-tax income for payment of replacement card fees. Pre-tax payroll deductions are to be	(3 digits on back of card; 4 digits on front of AMEX) our signature certifies that you agree to the terms and conditions for using Chicago Card Plus as ard.com. Your signature also authorizes your employer or administrator to deduct an additional \$5 used only by you during your commute to and from work.	
Signature:	Date:	
	hicago Card Plus will be mailed to the address you provided in section B. If the CTA receives this	

form by the 15th of the month, your employer will be able to submit an order during the following month which lists the amount of pre-tax dollars to be posted to your account. These

D. Deliver this form to your HR department once completed.

dollars will be available for fare payment on the first day of the month following placement of this order.