



JOIN US IN TAKING 1 MILLION CARS OFF THE ROAD...

vRide Vanpool Program Payroll Deduction Authorization Form

Human Resources - Commuter Services

157 West Fifth Street, San Bernardino, CA 92415-0178 Phone (909) 387-9639 Fax (909) 387-9641

Must print in Black or Blue ink ONLY

Employee ID#	Last Name	First Name
Home Phone	Alternate Phone	E-Mail Address
Department Name	Division	Inter Office Mail Code
	<input type="checkbox"/> Forming a New Vanpool <input type="checkbox"/> Joining an Existing Vanpool	
Requested Start Date	Select One	Primary Driver

Payroll Deduction Authorization and Certification

I authorize Commuter Services to reduce my taxable salary within IRS limits in the amount equal to the vanpool rate through pre-tax payroll deduction.

I understand my share of the vanpool rate may be adjusted periodically to reflect any changes in ridership, rate, and/or fuel card usage. In these cases, Commuter Services shall make the appropriate modifications to my payroll deductions and will notify me as they occur.

I understand this authorization is in effect from the date of my signature, and payroll deductions will continue until such time that I terminate participation in the Vanpool Program. I understand to terminate payroll deductions, I must give advance notice of termination to VPSI and Commuter Services in accordance with the schedule outlined in the "Vanpool Change/Deduction Schedule" document.

Employee Signature

Date

OFFICE USE ONLY:

Date Received: _____

Date Processed: _____

Processed By: _____

Primary Driver Group: _____ Primary Driver Account #: _____

Pay Period Start Date: _____ Payroll Deduction Amount: _____