



NORTHWESTERN UNIVERSITY

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 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 monthly wages on a pre-tax basis starting in _____ (enter month and year, and check one amount below):

for the purchase of **CTA Chicago Card Plus**

- \$30 \$45 \$60 \$80 \$86 (30-Day Pass)

for purchase of an **RTA Transit Check**

Amount between \$30 and \$230 in even \$10 increments: _____

RTA Transit Check Participants can choose where to have their RTA checks sent. Please indicate where you would like to have your RTA transit coupons mailed:

- Home Work location Payroll (Evanston) Payroll (Chicago)

As provided by the Transportation Equity Act, I will be using the transit card or check exclusively for my direct commute from home to work and return. I will not give, barter, exchange, or otherwise transfer this transit card or check to any other person. The monthly value that I receive does not exceed my average monthly commuting cost based on a month of 20 work days commuting by public transportation.

Changes for the current month deductions must be received in the Northwestern University Payroll Office no later than the 5th day of the current month. Changes received after the 5th of the month will be made to the following month's deduction. Initial enrollment for Chicago Card Plus takes an additional month for the CTA to record the information and mail you the card.

I understand that if I want to cancel my deduction and the cancellation is not received in the Payroll Office by the 5th of the month, I will be issued a transit check for that month. I understand that no refunds are available through Northwestern University if the transit check is lost.

I understand and agree that false certification may result in disciplinary action taken up to and including dismissal from employment and possible prosecution under tax laws.

Signature: _____ Date: _____

Return this form and the CTA Chicago Card Plus form (if this is an initial enrollment in that plan) 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

**RTA/CTA
TRANSIT
BENEFIT
FARE
PROGRAM**

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 Transit Benefit Fare Program? Yes No

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 applied to your account, the credit card currently listed on your account will be charged for reloading purposes only if the balance on this Chicago Card Plus falls below \$0.

ENROLLMENT INFORMATION (Please Print)

A. EMPLOYER INFORMATION (All fields required)

Company Name: _____ Phone Number: _____

Address/Suite: _____ City/State/Zip: _____

B. PERSONAL INFORMATION (All fields 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/numbers:

C. FARE PAYMENT PREFERENCES AND RELOAD AMOUNTS (Choose One)

Please select your initial fare choice and initial reload amount. Reload amounts must be changed 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 ride taken using your Chicago Card Plus.

CREDIT CARD BACK UP — OPTIONAL

You may opt to provide a credit card to reload value to your account in the event that your account balance reaches \$0 before your next pre-tax reloading. Your credit card will be charged only if your account value falls below \$0. It will be charged an amount sufficient to bring your account balance to \$10. You can set up your account to send you an e-mail notification each time your credit card is charged.

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: _____
(3 digits on back of card; 4 digits on front of AMEX)

Please sign and date to authorize the establishment of your Chicago Card Plus account. Your signature certifies that you agree to the terms and conditions for using Chicago Card Plus as established by the Chicago Transit Authority. Terms and conditions are available at chicago-card.com. Your signature also authorizes your employer or administrator to deduct an additional \$5 of pre-tax income for payment of replacement card fees. Pre-tax payroll deductions are to be used only by you during your commute to and from work.

Signature: _____ Date: _____

Deliver this form to your HR department or third-party administrator once completed. Your Chicago 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 dollars will be available for fare payment on the first day of the month following placement of this order.

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