

TRANSIT PAYROLL DEDUCTION AUTHORIZATION/CANCELLATION FORM

PAYROLL DEDUCTION ELIGIBILITY

Only career employees are eligible for payroll deductions.

Students, part-time and temporary employees must pay by cash or check every 30-days (this form not applicable)

DATE		LAST NAME		FIRST NAME		M.I.	
UCSD EMPLOYEE ID#		OFFICE EXT.		UCSD EMAIL			
WORK LOCATION							
Campus		UC San Diego Health:		Hillcrest		La Jolla	
PASS TYPE				ACTION		DEDUCTION TYPE	
Senior/Disabled Transit		Senior/Disabled Coaster		New Application		Monthly	
Premium Adult Transit		3 Zone Coaster		Change Pass Type		Biweekly	
Eco Pass		2 Zone Coaster		Cancellation		Returning Customer	
Eco Pass Promotion				Change Name			
Replacement Compass Card \$15				Separation			
EFFECTIVE DATE		PAYROLL DEDUCTION START DATE				DEDUCTION AMOUNT	

Beginning with my paycheck on the effective date specified above, I hereby authorize the University of California to take monthly deductions in the amount shown above from my earnings as an employee of the Regents of the University of California, for payment of a Coaster or transit pass.

I understand and agree that:

1. Neither the Regents of the University of California nor any officer or employee thereof shall be held responsible or liable for any error in withholding or transmitting payroll deductions in the event there are insufficient earnings to cover all required and authorized deductions.
2. Deductions will be taken in order of priority assigned by the university.
3. Deductions may change based on MTS, NCTD or UC San Diego pricing changes.
4. There are no refunds or replacements for Compass Cards or eligible passes loaded at the counter reported as lost/stolen. Lost or damaged cards incur a \$15 replacement fee and may take up to 15 days to replace. I am responsible for making any fare payments directly to the transit provider until I receive the replacement card and card is activated.
5. If a payment is missed or not paid in full, I am responsible for making a payment directly to the Commute Solutions Office by cash or check payable to UC Regents.
6. This authorization shall remain in effect until I submit a cancellation form to the Commute Solutions Office and obtain confirmation.
7. To change or cancel automatic payroll deductions, I must submit a new Authorization/Cancellation Form by the 15th of the month prior to the month that the change becomes effective. Any refund which may be due will be issued by check or direct deposit and only after the account has been appropriately cleared.
8. Separation from university employment or unpaid leave requires completion of a new Authorization/Cancellation Form by the 15th of the month prior to the month that the change becomes effective.
9. The university may revoke this agreement at any time.
10. Verification of completion of this Authorization/Cancellation requires a physical copy or email confirmation from the Commute Solutions office. It is my responsibility to obtain a physical copy or email confirmation.

SIGNATURE: _____

DATE: _____

Mail or deliver completed form to: Campus Parking Office, Mail Code 0011

FOR OFFICE USE ONLY

STAFF MEMBER: _____

DATE: _____

COMPASS CARD SERIAL #: _____

CC INVENTORY #: _____

MASTER: _____

PPS: _____

PPB: _____

T2: _____