UNIVERSITY OF MARYLAND COLLEGE PARK

142 PAY-TO-RIDE DEDUCTION AUTHORIZATION

AGENCY CODE	UNIVERSITY ID			EMPLOYEE NAME (PLEASE PRINT)			
3 6 0 2 0 0 X X				LAST	FIRST		MIDDLE I.
University of Maryland Department of Transportation Services	DEDUCTIO	N ACTION RE	EQUESTED	DAYTIME PHONE	NUMBER () -	
	INITIATE	CHANGE	CANCEL	\$		AMOUNT AY PERIOD	
This deduction will continue until a Payroll Deduction Authorization form marked "cancel" is received by the Department of Transportation Services				I understand and agree that by authorizing to have automatic 142 Pay-to-Ride deductions taken out of my paycheck that the deduction will be on a pre-tax basis and will not be included in my Federal, State or Fica wage base. I authorize 20 bi-weekly deductions from my earnings in the amount indicated on the authorization form. SIGN DATE			
IF YOU ARE DROPPED FROM PAYROLL DEDUCTION FOR ANY REASON (INCLUDING NO PAY), WHICH RESULTS IN YOUR 142 PAY-TO-RIDE BENEFIT NOT BEING DEDUCTED, YOU ARE RESPONSIBLE FOR ANY MISSED PAYMENTS.							
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