



Metrolink Corporate Quick Card Request Form

Deadline to submit form is the 18th of every month.

Name:	Date:
Address:	Employee / Student ID: :
City/Zip:	Phone #:
E-mail:	
Status: <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student	

Date of Monthly Pass: _____ Month/Year	Full Cost of Monthly Pass: \$ _____
Beginning Station:	Ending Station:

Payment Options:

- Cash, Check or Credit Card (Cashier's Office)
You may elect to pay by cash, check or credit card at the Cashier's Office in Bhathal Hall. (Please note there is a \$25 return check fee.) Proof of receipt must be received by Human Resources in order to receive your pass.
- Pre-Tax Payroll Deduction
You may authorize Chapman University's Payroll Office to deduct the cost of the Metrolink pass, pre-tax* from your payroll check. *The monthly pre-tax amount for qualified mass transit expenses is subject to IRS limitations.

I understand that I will be issued a permanent individual Metrolink Corporate Quick Card to retrieve my monthly pass directly from a Metrolink Ticket Vending Machine (TVM) at any station. I will be able to retrieve my monthly pass between the 25th of the current month and the 14th of the next month, and no tickets or passes will be available for pick up from the Human Resources Office. I understand that the monthly cost of a pass will not be prorated or rebated regardless of the date the pass is issued or redeemed.

I understand that I am responsible to immediately notify the Human Resources Department should my Corporate Quick Card be lost or stolen so that it may be cancelled. I further understand and agree that Chapman University shall not be responsible for any loss of funds that may be incurred if my Corporate Quick Card is misplaced, lost, stolen or otherwise accessed without my authorization. Upon cancellation I will be issued a new Corporate Quick Card but will not be provided any new funds on the Corporate Quick Card unless it is confirmed that the funds for that month have not yet been redeemed. If funds on a lost or stolen Corporate Quick Card have already been redeemed I understand that I will be responsible to pay the full price of a monthly pass for any replacement.

By placing my signature below, I am stating that I have read, understand, and agree to all of the above paragraphs and authorize a pre-tax payroll deduction in the amount of \$_____ from my next regularly scheduled paycheck. I further understand that if I separate from employment for any reason that this amount may be deducted from my final paycheck and if there are insufficient funds to support the deduction I will still be responsible to repay the amount in full. I also certify that the above information is true and correct.

Signature

Date

FOR OFFICE USE ONLY			
Approved by: _____	Date: _____	<input type="checkbox"/> S-\$50 \$ _____	<input type="checkbox"/> FP
_____ Pre-Tax (675)	_____ After Tax (945)	_____ Approved	_____ PR