



Metrolink Corporate Quick Card/Partner Program

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

Name:		Date:
Address:		Chapman ID:
City/Zip:		Phone #:
E-mail:		Employee Type: Faculty Staff Student
Monthly Pass	5-Day Flex Pass(es)	Check here for Automatic Renewal of Monthly Pass
Date of Requested Pass(es): _____ Month/Year		Full Cost of Monthly Pass :\$ _____ Full Cost of Flex Pass(es) : \$ _____
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 Bathal Hall or online through the Chapman University Marketplace. (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 monthly pass via the Metrolink Mobile App or retrieve one directly from a Metrolink Ticket Vending Machine (TVM) through a Metrolink Corporate Quick Card (CQC), if authorized one; if I am requesting the 5-Day Flex Pass(es), I understand this product is only administered through the Metrolink Mobile App. I will be able to retrieve my issued pass(es) between the 25th of the current month and the 14th of the next month, and no pass(es) will be available for pick up from the Office of Human Resources. I understand that the pass(es) issued to me will not be prorated or rebated regardless of the date it is issued or redeemed.

I understand that I am responsible to immediately notify the Office of Human Resources should my CQC 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 CQC is misplaced, lost, stolen or otherwise accessed without my authorization. Upon cancellation I will be issued a CQC but will not be provided any new funds on the CQC unless it is confirmed that the funds for that month have not yet been redeemed. If funds on a lost or stolen CQC 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