

**UNIVERSITY OF MARYLAND, BALTIMORE  
OFFICE OF PARKING & TRANSPORTATION SERVICES  
APPLICATION FOR MTA COMMUTER BENEFIT PROGRAM**

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**APPLICANT INFORMATION**

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Last Name:  First Name:  M I:

Home Address:  City:  State:  Zip:

Department:  Employee ID or Social Security:

Home Phone:  Work Extension:

UMB Email:

THE PROGRAM IS SUBJECT TO THE FEDERAL AND/OR STATE LIMITS FOR THIS BENEFIT. IF THE REGULATIONS CHANGE, MY EMPLOYER CAN TERMINATE OR MODIFY THIS PROGRAM. THIS FORM IS FOR THE FOLLOWING GROUPS: CONTINGENT I AND II EMPLOYEES, POST DOCTORAL FELLOWS, RESEARCH FELLOWS.

Enroll in the MTA Premium and MTA Local Bus Commuter Benefits Program:

Pass Type - MTA Commuter Premium: 1  2  3  4  *Pricing based on zone.*

Pass Type - MTA Regular  MTA Express

I authorize my Employer to have automatic deductions taken out of my paycheck for a MTA commuter pass. This authorization will be in effect until I cancel at Parking and Transportation Services (PTS). Deductions may continue after cancellation, subject to the current deduction schedule available at PTS. I understand that I will receive a MTA Commuter pass approximately the fourth week of every month. I must pick up my pass at PTS. PTS is not responsible for lost or stolen passes. I must enroll for seven pays before cancelling my enrollment in the Program.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Cancel my Premium Commuter Pass Benefit:**

I appeared in person at PTS to authorize stopping my payroll deduction for the MTA Premium commuter pass.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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**OFFICE USE ONLY**

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Sign-up Date:

Payroll Code:

Entered in T2: