REGIONAL TRANSPORTATION AUTHORITY (RTA)
PAYROLL AUTHORIZATION FORM

Full Name of Employee____________________________
Employee Number __________________________________
Department Name_____________________________________
Phone Number________________________________________

Please Select:

☐ RTA Transit Benefit Prepaid Mastercard
☐ Ventra Direct Load
☐ Pace Vanpool Load

Change to be effective beginning ___________________/ ___________/ ____________
Month               Day               Year

Please Select:

☐ I authorize my employer to deduct $____________ from my 2nd paycheck each month.
☐ I would like to STOP my RTA Transportation deductions at this time.

_______________________________  ______________________
Participant Signature     Date

(Please send the completed form to the Human Resources Department)