Reset Form

Revised 6/09

THE CITY OF NEW YORK
PAYROLL MANAGEMENT SYSTEM

TransitBenefit Program
Transportation Spending Account (TSA)

SUBMIT COMPLETED FORM TO:
Your Agency's TransitBenefit Coordinator

www.NYC.gov/payroll

EMPLOYEE INFORMATION

ACTION

☐ NEW (Enroll)
☐ CHANGE ADDRESS / TELEPHONE (Change address to which the Commuter Savings Card is to be sent)
☐ CHANGE DEDUCTION PLAN (Change amount deducted per pay period)
☐ SUSPEND DEDUCTION (Temporarily stop deduction for your TSA account)
☐ CANCELLATION (Close your TSA account)

EMPLOYEE IDENTIFICATION

EMPLOYEE REFERENCE # (Located on your pay statement or check stub)

HOME TELEPHONE (Your home telephone number is required by the bank as verification to activate your Commuter Savings Card)

FIRST | M.I. | LAST

MAILING ADDRESS

The address to which your Commuter Savings Card is to be mailed, including apartment, if applicable.

STREET ADDRESS

STREET ADDRESS CONTINUATION | APT./FL.

CITY | STATE | ZIP CODE + 4

DEDUCTION PLAN AUTHORIZATION-

THESE PRE-TAX DEDUCTION PLANS ARE SUGGESTED BASED ON FREQUENCY OF RIDES AND PAYROLL CYCLE. SELECT ONE PLAN WITHIN YOUR PAYROLL CYCLE BY INITIALING THE BOX NEXT TO THE PLAN YOU CHOOSE.

PAYROLL FREQUENCY	OCCASIONAL RIDER			BI-WEEKLY UNLIMITED PLAN			MONTHLY UNLIMITED PLAN*			WEEKLY TRIP PLAN			EXPRESS BUS RIDER		
	EMPLOYEE CHOICE	DEDUCTION PLAN	DEDUCTION PER PAY DATE	EMPLOYEE CHOICE	DEDUCTION PLAN	DEDUCTION PER PAY DATE	EMPLOYEE CHOICE	DEDUCTION PLAN	DEDUCTION PER PAY DATE	EMPLOYEE CHOICE	DEDUCTION PLAN	DEDUCTION PER PAY DATE	EMPLOYEE CHOICE	DEDUCTION PLAN	DEDUCTION PER PAY DATE
WEEKLY	☐	1000	$11.25	☐	5000	$25.75	☐	2000	$22.25	☐	4000	$22.50	☐	3000	$45.00
BIWEEKLY	☐	1000	$22.50	☐	5000	$51.50	☐	2000	$44.50	☐	4000	$45.00	☐	3000	$90.00

*No transportation deduction will be taken from the first pay date of months that have 5 weekly pay dates or 3 bi-weekly pay dates.

CANCEL OTHER TRANSITBENEFIT PROGRAM

WHEN ENROLLING IN THE TSA, PARTICIPATION IN THE TRANSITBENEFIT PREMIUM TRANSITCHEK METROCARD AND ACCESS-A-RIDE PROGRAM MUST BE CANCELED .

CHECK TO CANCEL

	DEDUCTION CODE
☐ PREMIUM CARD	9924
☐ ACCESS-A-RIDE	9926

AGENCY USE ONLY
EXPIRATION DATE MONTH / DAY / YEAR

SUSPEND TSA DEDUCTION

SUBMIT AT LEAST 2 WEEKS BEFORE YOU WANT TO SUSPEND YOUR DEDUCTION. REMEMBER, ADMINISTRATIVE DEDUCTIONS WILL CONTINUE.

PAY DATE TO SUSPEND DEDUCTION MONTH / DAY / YEAR

PAY DATE TO RESUME DEDUCTION MONTH / DAY / YEAR

EMPLOYEE CERTIFICATION

I HEREBY AUTHORIZE THE CITY OF NEW YORK TO DEPOSIT MY PAYROLL DEDUCTION AS INDICATED ABOVE INTO MY TRANSPORTATION SPENDING ACCOUNT. I ALSO GRANT AUTHORIZATION FOR THE REVERSAL OF A CREDIT TO MY ACCOUNT IN THE EVENT THE CREDIT WAS MADE IN ERROR. I UNDERSTAND THAT, UNDER THE "NATIONAL AUTOMATED CLEARING HOUSE ASSOCIATION" OPERATING GUIDELINES AND RULES, THE CITY OF NEW YORK CAN ONLY REVERSE THE AMOUNT OF THE INCORRECT DIRECT DEPOSIT. I UNDERSTAND THAT THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL I SUBMIT A NEW REQUEST FOR A CHANGE OR CANCELLATION.

I UNDERSTAND, ACCORDING TO THE INTERNAL REVENUE CODE, THAT THE AVERAGE MONTHLY AMOUNT OF MY TRANSPORTATION DEDUCTIONS SHOULD NOT EXCEED MY AVERAGE MONTHLY COST OF PUBLIC TRANSPORTATION TO AND FROM WORK. IF MY AVERAGE MONTHLY COST OF PUBLIC TRANSPORTATION TO AND FROM WORK SHOULD CHANGE, I WILL CHANGE MY DEDUCTION PLAN TO ACCOMMODATE MY NEW CIRCUMSTANCE.

I HAVE READ, "WHAT YOU SHOULD KNOW ABOUT THE TRANSITBENEFIT TSA CARD" AND UNDERSTAND THE "TERMS AND CONDITIONS". I UNDERSTAND THAT $1.80 PER MONTH (AVERAGE), TO COVER ADMINISTRATIVE COSTS OF THE PROGRAM, WILL BE DEDUCTED FROM MY POST-TAX PAY FOR EACH MONTH MY TSA CARD IS ACTIVE.

EMPLOYEE SIGNATURE _____ DATE MONTH / DAY / YEAR

AGENCY PAYROLL SECTION

(A/C) ACTION CODE | DOCUMENT # | CD | JSN | PAYROLL #

DEDUCTION CODE 9920 | PLAN CODE | EFFECTIVE DATE MONTH / DAY / YEAR | EXPIRATION DATE MONTH / DAY / YEAR

PMS 9920 EFFECTIVE DATE MONTH / DAY / YEAR | DATE SUSPENDED MONTH / DAY / YEAR | CHANGE EFT INDICATOR TO "S" | RE-ACTIVATION DATE MONTH / DAY / YEAR

I CERTIFY THAT THE ABOVE DATA WAS ENTERED INTO PMS
DATE
SIGNATURE

PREPARED BY (PLEASE PRINT)	SIGNATURE	DATE	TELEPHONE #