



Today's Date: \_\_\_\_\_

## Centro Bus Pass Payroll Deduction Form for Faculty and Staff

Name: \_\_\_\_\_

SUID#: \_\_\_\_\_

Email Address: \_\_\_\_\_

University Affiliation: ☐ Faculty ☐ Staff

### Bus Pass Information

Faculty and staff members must show a valid SUID to use the pre-tax payroll deduction option. Payment may also be made by cash or check.

Please indicate the number of passes to be purchased by typing a number in the quantity column next to the pass you desire:

Quantity	Pass Information
	\$10: 10 ride full fare local pass
	\$12: Max Pass, unlimited rides for 7 consecutive days

Quantity Total: \_\_\_\_\_ Total Cost: \_\_\_\_\_

### Faculty/Staff Certification

By signing below, I authorize a one-time pre-tax payroll deduction for the purchase of this pass:

Signature: \_\_\_\_\_

### Form Submission

Upon completing this form, please bring to the Parking and Transportation Services office at 621 Skytop Rd.

### For Office Use Only:

Bus pass number(s): \_\_\_\_\_