



**County of Orange
Commuter Choice Program
Voluntary Payroll Deduction Authorization Form**



County of Orange employees who take public transit or vanpool to work are eligible to participate in the Commuter Choice Program. It's a voluntary program that allows you to purchase your passes or vanpool payment vouchers through the convenience of a monthly payroll deduction. Up to \$110 per month is considered pre-tax (reducing your taxable income). Similar in many ways to a flexible spending account for health and dependent care, however, this program is available on a month-to-month basis, and can be cancelled at any time. Here's how it works:

1. You must sign up in advance using this "Voluntary Payroll Deduction Authorization Form." Fax the form to 714-653-1148 by the 1st of the month prior to the month that you want to start receiving the benefits to allow time for set up and processing.
2. Vanpool and Metrolink riders must designate the total amount to be deducted from your salary each month so that the voucher or pass can be purchased on your behalf. OCTA bus riders must authorize a deduction of \$45.00 per month, however the amount deducted each month will be based on your actual transit usage and may be less than \$45.00.
3. **Metrolink riders** will receive their monthly pass from Metrolink in the mail at their home address each month. If you have not taken the train to work within the past 90 days, you will not be charged for your first monthly pass (excludes use of the free 4-trip ticket).
4. **Vanpool riders** will receive TransitChek vouchers at their home address each month. You will present this voucher to the vanpool driver or designee as part of your monthly fare payment. VPSI Vanpool and Enterprise Rideshare accept the vouchers toward the monthly lease.
5. **OCTA bus riders** will receive an annual bus pass card at their home address. The actual monthly fee will be based on the number of boardings using the pass card, but will not exceed \$45.00. There is a one-time refundable "card" fee of \$45.00 payable by check or money order to: "TVS," the program administrator, and **must be attached to this Form and sent by interoffice mail to: Rideshare Office, Bldg#10, 2nd Floor.** The card fee will be refunded to you when you return the annual pass card. If the card is lost or stolen, the card can be deactivated, however, the card fee will be not be refunded to you. You must notify the Commuter Assistance Program staff within 24 hours if the card is lost or stolen or you will be responsible for any fares incurred prior to notification. If you have not taken the bus to work within the past 90 days, you will not be charged for your first month of riding the bus.
6. **To cancel** the payroll deduction, you must complete another Voluntary Payroll Deduction Authorization Form and check the "cancel payroll deduction" box. The form must be received by the 1st of the month prior to the month you wish to stop participating. OCTA bus riders must also return the annual bus pass card in order to receive the refundable deposit.

Authorization:

I hereby authorize the Auditor-Controller of the County of Orange to make a once monthly salary deduction of \$ _____ from one of my bi-weekly payroll checks, and to continue until I notify the Rideshare Office in writing. It is expressly understood that if I select the OCTA Pass, the amount may change each month, but will not exceed \$45.00 per month. For any fare, the first \$110 per month will be on a pre-tax basis. I will be using the benefit for my regular commute to work as follows (select one):

- OCTA Annual Bus Pass
 Vanpool TransitChek Voucher
 Metrolink Monthly Pass
 Cancel Payroll Deduction
 Modify Payroll Deduction

Employee's Complete Name (please print)	Employee ID#	Department / Agency / Pay Location
Home Address / City / Zip		Work Phone Number
Work Address / City / Zip		Pony Mail Address
Social Security Number <i>(needed for payroll deduction process)</i>		E-Mail Address

For Metrolink Riders Only – check fare type and complete station information:

- Regular Adult
 Senior
 Disabled
 Boarding Station: _____
 Ending Station: _____

Participation in this program is voluntary. I will not transfer this benefit to any other person. The amount designated above does not exceed my average monthly commuting fares. I agree and understand that false certification may result in disciplinary action by the County of Orange up to and including dismissal from employment and possible persecution for Federal income tax evasion. I hereby release, and agree to hold harmless TVS, the County, its officers and employees from any liability or damages for failure on his part on making payments here authorized, or damages for failure to stop, or delay in stopping the deduction hereby requested. I shall hold TVS, the County and/or its officers blameless in any action which may be brought by me or by others on my behalf; and waive all claims against TVS and the County to any and all amounts so deducted from my salary and/or wages.

Signature	Today's Date
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