



**PARATANSIT ACCESS LINE
Employee Participation Form**

Company Name (Employer): _____

Address: _____

Human Resources Contact: _____ Phone: _____

Email: _____

PAL Client (Employee Name): _____

Department/Division _____ Phone/Ext: _____

Please select your Metro PAL Pass choice from the following:

SINGLE ZONE

One Zone only \$29.00
10 Trips

One Zone only \$58.00
20 Trips

ALL ZONE

10 Trips \$39.75

20 Trips \$79.50

I will begin participation in the Metro Advantage Program for Partransit the month of _____, 20____.
I hereby authorize my employer (above) to deduct the designated amount for the PAL passes from my paycheck
on a monthly basis as a pre-tax deduction.

Employee Signature

Date

The IRS requires employers to retain this form on file.

Please submit this form to your Human Resources or Payroll Department to participate in the program. Notify
your Human Resources or Payroll Department, in writing, one month prior to any changes in the referenced
deduction.

NFTA-Metro Cash Management Office
181 Ellicott Street Buffalo, New York 14203
Ph. (716) 855-7202 -- Fax (716) 855-7311

www.nfta.com

The American Recovery and Reinvestment Act of 2009 includes a provision that temporarily increases the amount of the transit pass and vanpooling
benefits that can be excluded from an employee's income under Code Section 132(f) to \$230. The increase is accomplished by making the combined
monthly limit for transit pass and vanpooling benefits equal to the monthly limit for qualified parking expenses.