

Cancellation Form - Pre-Tax Payroll Deduction for Commuting

There are no returns of transit passes or commuter checks. Future transit pass deductions may be changed by submitting a new Program Application form or canceled with a Program Cancellation form, but it must be received at the Parking & Transportation Services office prior to the 9th of the month in order to take effect for the next month. Under certain circumstances such as change in life events, future transit pass deductions may be changed or terminated by the participant at our office.

1 Who are you? (proof of Stanford affiliation required)		2 Contact Info
Last Name	First Name	Daytime phone (required - cannot process without) Area Code ()
Stanford ID number OR Hospital file ID*	Email address	Reason for cancellation

* not your badge number – your file ID number is on your timecard or paycheck stub.

3 Cancelling monthly transit

Select monthly transit deductions you wish to cancel:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> ACE Train
<input type="checkbox"/> Monthly Pass
<input type="checkbox"/> 20-trip Ticket

<input type="checkbox"/> BART
\$48 ticket (\$45)___ \$64 ticket (\$60)___ | <input type="checkbox"/> Caltrain
<input type="checkbox"/> Adult Monthly Pass
<input type="checkbox"/> Senior/Disabled Monthly Pass
<input type="checkbox"/> 8-Ride Ticket (____ / month)
<input type="checkbox"/> Monthly Parking Permit | <input type="checkbox"/> Commuter Checks
\$20___ \$30___ \$35___ \$45___
<input type="checkbox"/> Muni
<input type="checkbox"/> Adult Fast Pass
<input type="checkbox"/> Senior Pass | <input type="checkbox"/> SamTrans
<input type="checkbox"/> \$1.50 Ride-Value Pass
<input type="checkbox"/> Express (\$4 Ride-Value) Pass
<input type="checkbox"/> Senior/Disabled Pass |
|--|--|--|--|

4 Authorization and signature to cancel

X _____

YOUR SIGNATURE

DATE

Mail: 340 Bonair Siding, Stanford, CA 94305-7255 MC: 7255 Email: transportation@stanford.edu Phone: 650.723.9362 Fax: 650.724.8676

rev. 2/2009

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