



STATE OF RHODE ISLAND
 DEPARTMENT OF ADMINISTRATION
 Office of Accounts and Control

AUTHORIZATION FORM FOR RIPTA WAVE PASS PAYROLL DEDUCTION

| Employee's Name (Print) | | |
|---------------------------------------|---------------------------------------|-------------|
| Last | First | Initial |
| Employee Id No. | Approp. Acct. No. | Agency Name |
| Organization Name and Number RIPTA | Biweekly Amt. To Be Contributed \$ | |

To State Controller:

START PAYROLL DEDUCTION (Check below)

_____ I hereby authorize you to deduct from my salary each biweekly pay period the amount indicated above and to pay this amount as a bi-weekly contribution to the Rhode Island Public Transit Authority (RIPTA) to purchase a commuter pass(es):

| | HOW MANY | TOTAL | BIWEEKLY |
|----------------------------|----------|----------|----------------------|
| DAILY-RIDE PASS.....\$6.00 | X _____ | \$ _____ | \$ _____ (Total ÷ 2) |

(1 DAILY PASS = \$6.00 TOTAL ÷ 2 = \$3.00 BIWEEKLY; 2 DAILY PASSES = \$12.00 TOTAL ÷ 2 = \$6.00 BIWEEKLY, 3 DAILY PASSES = \$18.00 TOTAL ÷ 2 = \$9.00 BIWEEKLY, etc)

OR

| | | | |
|--------------------------|---------|----------|----------------------|
| MONTHLY PASS.....\$70.00 | X _____ | \$ 70.00 | \$ 35.00 (Total ÷ 2) |
|--------------------------|---------|----------|----------------------|

NOTE: YOU ARE ALLOWED TO PURCHASE TRANSIT PASSES FOR YOUR PERSONAL USE ONLY. THEREFORE, YOU CAN PURCHASE UP TO 30 DAILY RIDE PASSES OR 1 MONTHLY PASS EACH MONTH.

This authorization is to be effective as soon as received by Human Resources and is to remain in effect until I notify Human Resources in writing 30 days in advance of its cancellation.

For general information about WAVE please visit Wave.ripta.com or call RIPTA Customer Service at 401.784.9500 x2012. To establish an account, email JKanter@RIPTA.com

STOP PAYROLL DEDUCTION (Check below)

_____ I hereby request you to stop deducting from my salary each biweekly pay period the amount indicated above.

Date Signature of Employee

Preaudit

Please return this completed form to your Human Resources Representative.