



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

AUTHORIZATION FORM FOR RIPTA WAVE PASS PAYROLL DEDUCTION

Employee Name:		Employee ID Number:	
Payroll Account Number:		Agency Name:	
Organization:	RIPTA	Bi-Weekly Deduction Amount:	

To State Controller:

START PAYROLL DEDUCTION (Check below)

I hereby authorize you to deduct from my salary each bi-weekly pay period the amount indicated above and to pay this amount to the Rhode Island Public Transit Authority (RIPTA) to purchase a WAVE commuter pass on my behalf.

Choose one:	Number of Daily Ride Passes @ \$6.00 each	Total Monthly Cost	Bi-Weekly Deduction Amount
<input type="checkbox"/>	1	\$6.00	\$3.00
	2	\$12.00	\$6.00
	3	\$18.00	\$9.00
	4	\$24.00	\$12.00
	<i>number of daily passes</i>	<i>× \$6.00</i>	<i>Monthly Cost ÷ 2</i>

OR

Monthly Wave Pass	\$70.00	\$35.00
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- NOTE: You are allowed to purchase WAVE Passes **for your personal use only**. Therefore, you can purchase up to 30 daily rides passes **OR** 1 monthly pass in one 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.
- Funds loaded onto a Monthly Card may only be used in the month immediately following the deductions from employee's pay; once funds are loaded onto a Wave card, no refunds can be made.
- Daily passes do not expire.
- For complete information about the WAVE Pass Program, please visit Wave.ripta.com and see "How it Works" or call RIPTA Customer Service at 401-784-9500 x2012. To establish an account, please email JKanter@RIPTA.com

STOP PAYROLL DEDUCTION (Check below)

I hereby request you to stop deducting from my salary each bi-weekly pay period the amount indicated above.

Employee Signature:

Date:

Please return this completed form to your Human Resources Representative.