



**REGIONAL TRANSPORTATION AUTHORITY (RTA)  
PAYROLL AUTHORIZATION FORM**

Full Name of Participant \_\_\_\_\_

Employee Number \_\_\_\_\_

Department Name \_\_\_\_\_

Work Phone Number \_\_\_\_\_

**Please Select:**

RTA Transit Benefit Prepaid Mastercard

Ventra Direct Load

Pace Vanpool Load

Change to be effective beginning \_\_\_\_\_ / \_\_\_\_\_  
Month Year

**Please Select:**

I authorize my employer to deduct \$\_\_\_\_\_ from my 2<sup>nd</sup> paycheck each month.

I would like to STOP my RTA Transportation deductions at this time.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**(Please send the completed form to the Human Resources Department)**