

AGENCY CODE										UID (UNIVERSITY ID NO.)										EMPLOYEE NAME (PLEASE PRINT)									
3	6		0	2		0	0		X	X											LAST	FIRST	MIDDLE I.						
DEDUCTION: <b>DY</b>  University of Maryland Department of Transportation Services										DEDUCTION ACTION REQUESTED										DAYTIME PHONE NUMBER ( )									
										<input type="checkbox"/> INITIATE <input type="checkbox"/> CHANGE  <input type="checkbox"/> CANCEL										EMPLOYING DEPARTMENT:									
This deduction will continue until a Payroll Deduction Authorization form marked "cancel" is received by the Department of Transportation Services.																				\$ _____ TOTAL AMOUNT    \$30    \$36    \$45    \$51    \$60    \$66 PER PAY PERIOD    \$78    \$85    \$100    \$115    \$125    \$138									
																				IF YOU ARE DROPPED FROM PAYROLL DEDUCTION FOR ANY REASON (INCLUDING NO PAY), WHICH RESULTS IN YOUR METROCHEK BENEFIT NOT BEING DEDUCTED, YOU ARE RESPONSIBLE FOR ANY MISSED PAYMENTS. YOU WILL RECEIVE THE METROCHEK BENEFIT THE MONTH FOLLOWING THE DEDUCTIONS BEING TAKEN FROM YOUR PAY.									
										SIGNATURE OF EMPLOYEE										DATE									
										X										X									