

Transit Pass Payroll Deduction Authorization

I hereby authorize Insight Global to deduct one of the below transit pass plans from the first paycheck of each month (post-tax). This deduction will be used for purchase of either a MARTA Transit Pass or a SRТА Xpress Pass. Please select the plan of your choice below. There will also be a one-time fee of \$2.00 to issue your Breeze Card.

Choose Plan	Transit Agency	Pass	Price
	MARTA	Unlimited Monthly	\$76.00 (20% discount from a general pass which is regularly \$95)
	MARTA	20-trip fare	\$42.50
	MARTA	10-trip fare	\$25.00
	SRТА Xpress	Green Zone Unlimited Monthly	\$90.00
	SRТА Xpress	Blue Zone Unlimited Monthly	\$125.00
	SRТА Xpress	10-ride Green Zone	\$25.00
	SRТА Xpress	10-ride Blue Zone	\$35.00

I understand that once the deduction has been made, it will be re-occurring until I send this form via email to benefits@insightglobal.com and select the statement below to cancel the deduction.

Example: Submitting this completed form by March 11th would give you the pass of your choice for the month of April. The post-tax deduction would be taken on the first pay date in April.

I will be using the benefit exclusively for my regular daily direct commute to and from home to work. I will not give, barter, exchange, convey or otherwise transfer this benefit to any other person.

I understand that if I leave Insight Global, voluntarily or involuntarily, before the end of a month in which a payroll deduction has been made for the pass, I will not be asked to return the pass and I will not be refunded any monies. The pass can be used for personal use until the funds run out. I further understand that if the pass is lost or stolen, a replacement pass will be issued for a fee of **\$2.00**.

I understand and agree that false certification may result in disciplinary action taken by Insight Global up to and including dismissal from employment.

_____ Begin Monthly Deduction of \$ _____

_____ Cancel Monthly Deduction (any cancellation received after the 11th of the month, will not be cancelled until the following month)

Please return this completed form to the HR Department in person or via email to benefits@insightglobal.com

Signed: _____ Date: _____

Printed Name: _____