City of Alameda- California Transportation Spending Account Payroll Deduction Worksheet

Please complete and submit this worksheet to the Human Resources Department by the 10th of every month. Commuter check benefits will begin the first pay date of the month following the date of submittal.

Effective Date of Participation: _____

Step 1: Participant Information

*=Required Fields

*Participant Name (First, MI, Last)

*Social Security Number

*Day Telephone

*Hire Date (MMDDYYYY)

*Birth Date (MM/DD/YYYY)

*Address

*City

*State

*Zip Code

Step 2: Contribution Information

The IRS monthly maximums for pre-tax contributions are $130 for Mass Transit and $250 Parking.

I elect a Mass Transit monthly contribution of $_____
(Please note: This amount can be changed from month to month).

I elect a Parking monthly contribution of $_____
(Please note: This amount can be changed from month to month).

Please Check One: (If one is not selected, you will automatically be placed in the Recurring Payroll Deduction Option)

☐ **Recurring Payroll Deductions:** My payroll deductions will remain the same each month and I would like the same amount to be deducted each payroll through the end of the plan year.

☐ **Payroll Deductions will Change:** My payroll deductions will vary each month, I agree to notify my employer each month with my election amount.

Step 3: Participant Authorization

By signing this form, I authorize my employer to deduct the elected amount from my pay on each pay date. I hereby consent that all personal information and selections made are correct.

*Participant Signature

Date