



The State of Missouri Commuter Benefit Program
Enrollment and Salary Reduction Agreement

Social Security Number _____

Name _____

(Last, First MI)

Agency/Org or University

Street _____

City _____

State, Zip _____

ENROLL:

Table with 5 columns: Program Name, Deduct Per Pay Period, # of Pay checks per month, Monthly Total, Not to exceed per month. Rows include Mass-transit/Van-Pooling and Parking.

CANCEL:

Please cancel my participation in the Mass-transit/Van-Pooling program

Please cancel my participation in the Parking program

Effective date of change (cannot be sooner than the first date of the next month) _____

DIRECT DEPOSIT REIMBURSEMENT

I authorize ASI to credit my _____ (checking, savings) account number _____ at (name of bank) _____, with my commuter benefit program payments. Please attach a copy of a check or a void check and write the bank's routing number _ _ _ _ _ .

E-MAIL

I wish to receive my notification of direct deposit reimbursement via e-mail over the Internet at the address below instead of U.S. Mail.

E-mail address: _____

I wish to participate in the State of Missouri Commuter Benefit Program. I understand the benefits available to me as well as the other rights and obligations that I have under the Program. I understand this agreement revokes any prior election under this Program and that I can only change or revoke this election for future months by completing a new election form and submitting it to the Program Administrator prior to the first day of the next monthly period. I cannot make retroactive changes to this election. My election in this Program will automatically cease upon my termination of employment.

I recognize that a monthly administrative fee will be assessed based upon my choices above. The administrative fee will be \$2.00 per pay period for Mass Transit participants receiving vouchers in the mail, or for other participants receiving reimbursement via check. The administrative fee will be \$1.40 per pay period for participants that sign up for reimbursement via direct deposit. Administrative fees quoted are based on semi-monthly payrolls.

Employee's signature: _____

Date _____

FAX TO: 1-573-442-4435
NO COVER PAGE REQUIRED

MAIL TO: ASI
PO BOX 6044
COLUMBIA, MO 65205-6044

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