

## Metropass Cancellation

<b>Contract Holder Name</b>		<b>Date Metropass Card Returned</b>	
<b>Department</b>		<b>Metropass Card Number</b>	
<b>Telephone Number</b> (        )			
<b>If I am on payroll deduction, it is my responsibility to review my paycheck to ensure this deduction has stopped.</b>		<b>Signature</b>	

To Be Completed By FMD	
<p>Your last Metropass Payroll Deduction will be on:</p> <p>Pay Period Ending: _____</p> <p style="text-align: center;">OR</p> <p>Invoice charges will stop: _____</p> <p>Metropass card received by FMD initials: _____</p> <p>Date Received: _____</p> <p>Account #: _____</p> <p>Employee ID #: _____</p>	<p>Copy of returned Metropass Card:</p>