

Metropass Cancellation

Contract Holder Name (Last, First, MI)	Employee ID Number (8-Digit State Employee ID)
Agency	Metropass Card Number
If I am on payroll deduction, it is my responsibility to review my paycheck to ensure this deduction has stopped.	Telephone Number
Signature	Date

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>Metropass card deactivated by FMD initials: _____</p> <p>Date received: _____</p> <p>PATS Account #: _____</p> <p>Employee ID #: _____</p>	<p style="text-align: center;">Copy of returned Metropass Card:</p>

REV. 8/24