



U-PASS for Faculty & Staff

Payment Authorization Form

2011-2012

| | | |
|---------------------------|---|----|
| Name: Last | First | MI |
| Campus Department: | | |
| Employee Type: | Faculty | |
| | Academic Staff | |
| | Classified Staff | |
| | Retiree (must pay by check) | |
| | Food Service (must pay by check) | |
| Payment Options*: | | |
| Payroll Deduction | *Please Include your "Person ID" (the number used on your timesheet or earning statement) if paying by Payroll Deduction. | |
| | Person ID: | |
| | <input type="checkbox"/> One deduction (\$70 for 2011-12) <input type="checkbox"/> Two deductions (\$35 each; a total of \$70 for 2011-12) | |
| Full payment | <input type="checkbox"/> Paid \$70 for 2011-12 <input type="checkbox"/> Check (make checks payable to UW-La Crosse) <input type="checkbox"/> Cash | |

I understand that the UW-L MTU Bus Pass is not transferable and not for resale and shall be forfeited and confiscated if misused or presented for transportation by any person other than the person to whom it was issued. It is further understood that any person violating these terms or conditions may be subject to disciplinary action or prosecution by the City of La Crosse and/or the University.

If the payment option chosen above is payroll deduction, I hereby authorize the University to deduct from my salary the amount indicated for purchase of a UW-L MTU Bus Pass.

Employee Signature: _____ **Date: (Mo/Day/Year):** _____

Your UW-L MTU Bus Pass will be issued to you when you return your completed form to:
Cashier's Office
Room 121 Graff Main Hall

Bus Pass Number

Date Copy Sent to A&F, 233 Graff Hall

Date Copy Sent to HR, 144 Graff Hall (if payroll deduction)

Date & Receipt Number if paid by check or cash (Account 040320-9200)