Edenred Enrollment/Authorization for Payroll Deduction

I hereby authorize my employer, Goodwill of the San Francisco Bay, to deduct the amount ordered from Edenred from my biweekly wages on a pre-tax basis, not to exceed $325.00 per month, to be used for the purchase of transit passes and/or fares through Edenred consistent with provisions of Section 132 (f) of the Internal Revenue Code.

I will be using the benefit for commuting from home to work and return. I will not give, barter, exchange, convey or otherwise transfer this benefit to any other person. The monthly benefit that I receive does not exceed my average monthly commuting cost for public transportation or eligible vanpool.

I understand and agree that false certification may result in disciplinary action taken by my employer up to and including dismissal from employment and possible prosecution for Federal income tax evasion.

I understand that if my employment with Goodwill of the San Francisco Bay ends, any outstanding balance due for received funds will be collected at that time.

Employee Information
(Please Write Legibly)

Paylocity Employee ID: _____

Employee Name:

Last:_____***First:***_____***MI.*** _____

E-Mail Address:_____

Home Address: _____

Phone: ***( )***_____

Employee Signature:_____**Date:** _____

Goodwill of the SF Bay
750 Post Street
San Francisco Ca 94109
Phone: (415) 575-2100
FAX: (415) 575-2100 TDD: (415) 792-6392