



Georgia Regional Transportation Authority
PAYROLL DEDUCTION AUTHORIZATION
GWINNETT COUNTY TRANSIT (GCT)

I, _____, authorize my Agency _____
(Employee Name) (Agency Name and Number)

To deduct \$ _____ from my paycheck for the monthly **GCT** Transit card to be paid to the Georgia Regional Transportation Authority (**GRTA**). The deduction will begin on _____/_____/_____ for the following month of _____/_____/_____.
(Month/Year) (Month/Year)

Check only one:

_____ I elect to have my GCT deduction to be pre-taxed.

_____ I elect **not** to have my GCT deduction to be pre-taxed.

Terms and Conditions:

I agree and authorize my payroll department to deduction my monthly GCT transit fee from my check. I understand that it is my responsibility to provide written notification, in the form of a payroll revocation, to GRTA and my payroll department and submit it to my payroll department prior to the scheduled deduction. I also understand that I will be fully responsible for any and all outstanding balances on my GCT account with GRTA. All approved pre-taxed refunds will be provided to me through my payroll department, upon which the Agency will request the funds from GRTA.

Signature of Employee

PeopleSoft Employee Number

GRTA Transit Office

Date