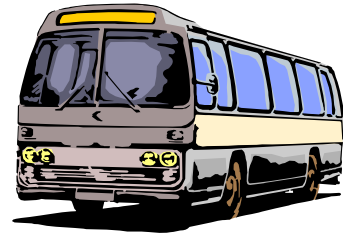




ALLEGHENY COUNTY PORT AUTHORITY EZ GOLD

CANCELLATION REQUEST



I, _____, Employee Number _____
(signature)

request that my Zone _____ bus pass be cancelled beginning the month of _____.

In addition, with the agreement that I must wait three (3) months from the month of my withdrawal to be eligible to enroll again.

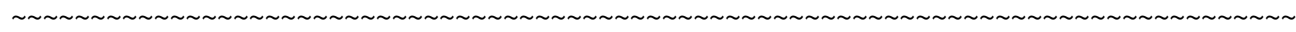
(please print clearly)

Employee Name _____

Department/Division _____

Work Location _____

Telephone Number _____



Due to the time periods of processing, your request must be submitted two (2) months prior of the monthly pass you wish to cancel (i.e. to cancel an August bus pass the form must be submitted no later than June 20th). Keeping in mind that the payroll deduction for bus passes is the first pay of the month prior to the actual monthly pass requested.

Please forward this form by the 20th of the month prior for the months of January through October and by the 10th for November and December for current processing to the Department of Human Resources, Room 102 County Office Building, Attention James A. Giel, Jr.