



DENVER
THE MILE HIGH CITY

**CITY AND COUNTY OF DENVER
ECOPASS ENROLLMENT**

Please complete and send this enrollment form to Office of Human Resources (OHR) Benefits via email to benefits@denvergov.org or fax 720.913.5548. You will be notified by OHR Benefits when your RTD authorization form is ready for pickup at the Webb Building, 201 W Colfax Ave, 4th Floor.

Department/Building location: _____

Employee ID #: _____

Name: _____

Pass Begin Date: _____

(Deductions begin when EcoPass issued)

Smart Card Serial number: _____

(For benefit staff only)

Monthly Cost: \$10, no proration.

Authorization

I hereby authorize the City and County of Denver to make monthly pre-tax deductions of \$10 from any compensation or monies due to me and these deductions will be applied to the purchase of the EcoPass. The monthly deductions will be taken on the second paycheck of each month after the pass begin date and will continue until I no longer wish to participate or until I terminate my employment with the city. I understand that the Smart Card will be deactivated upon my termination.

Employee Signature: _____ Date: ____/____/____

By signing this form, I attest that I have read and understand the above rules of the EcoPass program.