

# TriMet Pass-By-Mail Monthly Option

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Address/apt. # \_\_\_\_\_ Daytime phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Each month, when you receive your pass, an invoice will be included for the **following** month's pass. Check or money order payment needs to be received by the 10th of the month to be able to ship next month's pass on time.

Type of Pass	Quantity	Price (each)	Total
All-Zone	_____	x \$86	= \$ _____
2-Zone (Zones 1 & 2)	_____	x \$75	= \$ _____
2-Zone (Zones 2 & 3)	_____	x \$75	= \$ _____
Honored Citizen*	_____	x \$25	= \$ _____
Youth/Student**	_____	x \$26	= \$ _____
LIFT***	_____	x \$50	= \$ _____
<b>Shipping and handling</b>		+ \$ 1.50 ea. shipment	= \$ _____
<b>Total amount due</b>			= \$ _____

\* Age 65+ or Medicare or TriMet Honored Citizen (with ID); \*\* Age 7-17 and students pursuing a GED (with ID); \*\*\* No shipping and handling charges apply to LIFT passes.

**Specify the month for which you want to receive your first pass:** \_\_\_\_\_

Please note: *If you want to start receiving passes next month, we need to receive this form with your payment by the 10th of this month.*

## Method of Payment

**Check or money order**

Please enclose a check or money order payable to **TriMet** for the Total Amount Due, including \$1.50 for shipping and handling (except for LIFT). This is payment for your first month's order. You'll receive an invoice in the mail along with your first month's pass(es).

**Debit/credit card**

I authorize my debit/credit card to be charged for the Total Amount Due on the 11th of each month, including \$1.50 for shipping and handling (except for LIFT). I understand that I can cancel or change my order or billing at any time. For recurring payments, I agree to pay the charges indicated above according to the Card Issuer Agreement. Debit/credit cards accepted:

Visa®     Mastercard®     Discover Card®     American Express®

Credit/debit card # \_\_\_\_\_

Expiration date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_ Today's date \_\_\_\_\_

Mail this form (along with your payment) to: **TriMet Pass-By-Mail**, 710 NE Holladay St., Portland, OR 97232-2168

Or, you can fax this form to us at 503-962-2480 if you're paying with a credit/debit card. **Please do not send cash.**

### Customer's authorization:

**1. Authorization**—I hereby authorize TriMet to charge the debit/credit card specified above, as applicable, each month for all charges on my monthly TriMet Pass-By-Mail invoice. The amount to be debited or charged, as applicable, shall be the Total Amount Due shown on my monthly TriMet Pass-By-Mail invoice.

**2. Billing**—TriMet may submit charges to my debit/credit card, as applicable, on or after the due date indicated on my monthly TriMet Pass By Mail invoice.

**3. Termination**—To revoke this authorization, I understand that I must notify TriMet by calling the customer service number on my monthly invoice and requesting that my monthly recurring bill payments be cancelled. I understand that TriMet reserves the right to terminate this recurring payment option without notice. I agree that I may revoke this authorization only by notifying TriMet in the manner specified above.

### Customer's agreement:

By signing below, I agree that **1.** My right to make payment automatically is subject to TriMet's approval; **2.** I have read and agreed to the terms of the Customer's Authorization and have retained a copy of this authorization.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Customer must sign here to authorize recurring debit/credit card payment)