



Commuter Services
 1009 Chestnut Street
 Philadelphia, PA 19107
 Telephone: 215-955-6417
 Fax: 215-923-3653
 pass-buy-mail@jefferson.edu
 Jefferson.edu/CSO

Transit Pass-Buy-Mail Enrollment

****All Fields are Required****

Employees – Payment can be automatically deducted from your Pre-Tax account (if enrolled via Employee Self Service). If your Pre-Tax deduction does not meet the total cost of your pass, you must enroll in a Pre-Funded After-Tax voluntary deduction via Employee Self Service or provide CSO with your credit card information to cover the remainder of the cost.

Students and Contractors – Only Visa or MasterCard accepted.

Registration

Pre-Tax OR Pre-Tax + Pre-Funded After-Tax Participants –submit request via fax, interoffice mail or in person.

Credit Card OR Pre-Tax + Credit Card Participants – submit request in person only.

Primary Payment

- Pre-Tax
 Credit Card

Secondary Payment

- Post-Funded After-Tax
 Credit Card

Important Notes

Dependent upon the time of enrollment in both the Pass-Buy-Mail and Voluntary Deduction programs your pre-tax and pre-funded after-tax funds may not be available for your first pass, so payment via credit card may be required. A member of the CSO staff can assist in determining if this is necessary.

Credit Card information is due at the time of application. CSO is not responsible for credit cards that have been declined for any reason.

Passes will not be mailed until payment is received. No exceptions.

Enrollment, Change and Cancellation must be received by the first of the prior month (i.e. September 1 for October)

Last Name _____

First Name _____ MI _____

Employee Student Contractor

Barcode # (Found on back of ID badge) _____

Campus Key (or email if NOT a Jefferson Student/Employee) _____

Phone Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

I authorize Commuter Services to mail my monthly pass to the address indicated above, and to have my Pre-Tax and/or Pre-Funded After-Tax and/or credit card account(s) debited for the cost of my monthly pass until I notify Commuter Services in writing otherwise.

If I elect to send my pass to a Jefferson address I understand that delivery may be delayed. I will not hold CSO responsible should a delay occur.

Signature _____ Date _____

Please select your monthly pass below.

SEPTA

- City
 Zone 1
 Zone 2
 Zone 3
 Anywhere

NJ Transit

- Area/Zone 2
 Area/Zone 3
 Area/Zone 4
 Area/Zone 5
 Area/Zone 6
 Area/Zone 9
 Riverline
 Hammonton
 Egg Harbor
 Absecon
 Atlantic City
 Trenton
 Edison/Trenton
 Newark/Trenton