

TransitChek® Return Authorization Form

Customer ID#: _____ Date: _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Email Address: _____

Phone #: _____ Fax: _____

Please indicate the quantity and TransitChek® MetroCard® value being returned below:

Denomination	Quantity		Cost/Item	=	Total Card Value
<u>Pay-Per-Ride Cards</u>					
\$20.00	_____	x	\$20.00	= \$	_____
\$23.48	_____	x	\$23.48	= \$	_____
\$24.35	_____	x	\$24.35	= \$	_____
\$29.35	_____	x	\$29.35	= \$	_____
\$30.00	_____	x	\$30.00	= \$	_____
\$31.30	_____	x	\$31.30	= \$	_____
\$35.00	_____	x	\$35.00	= \$	_____
\$39.13	_____	x	\$39.13	= \$	_____
\$40.00	_____	x	\$40.00	= \$	_____
\$45.00	_____	x	\$45.00	= \$	_____
<u>Unlimited Ride Cards</u>					
\$24/\$25/\$27 (7-Day)	_____	x	\$24/\$25/\$27	= \$	_____
\$47 (14-Day)	_____	x	\$47	= \$	_____
\$76/\$81/\$89 (30-Day)	_____	x	\$76/\$81/\$89	= \$	_____
\$41/\$45 (Express Bus)	_____	x	\$41/\$45	= \$	_____
Total Value Returned					\$ _____

Reason for Return: _____

For Internal Use Only

Approved By: _____ Date: _____

Product Destroyed By: _____ Date: _____

Date Processed: _____