

City of New York
Office of Payroll Administration
TransitBenefit Program
One Centre Street, Room 200N
New York, New York 10007

CERTIFICATION

Undelivered, Damaged, and Lost or Stolen TransitChek MetroCard

You may bring this form to the Office of Payroll Administration or fax it to us at 212-669-4383

Employee Name(Please Print): _____

Employee Reference #(Located on Your Pay Statement): _____

Mailing Address: _____
(Inc. Apt.) _____

Agency Name: _____

Day Telephone: _____ Home Telephone: _____

I certify that (check one):

My TransitChek MetroCard does not work (Attach your TransitChek MetroCard, damaged cards will not be replaced until the defective card is received by the Office of Payroll Administration).

Please explain (choose all that apply):

- TransitChek MetroCard is mutilated (i.e. bent, scratched).
- Constant Error Message on Bus or Subway Terminal (i.e. Swipe Again, See Agent).
- Other: _____

I did not receive my TransitChek MetroCard.

I lost my TransitChek MetroCard.

My TransitChek MetroCard was stolen.

I further certify that the information I have provided is accurate and true to the best of my knowledge.
(check one)

- Please mail my replacement TransitChek MetroCard to my mailing address listed above.
- I will pick up my replacement TransitChek MetroCard at the Office of Payroll Administration.

Employee Signature Date

Office of Payroll Administration Use Only.

Type of Identification Presented:

Employment ID

Government Issued

Agency Name: _____

State of Issuance: _____

ID # or Exp. Date: _____

Driver's License ID #: _____

Other:
Type: _____

Non-Drivers ID #: _____

ID # or Exp. Date: _____

Other: _____

Replacement MetroCard Number (10 digits) _____

Date Replacement Issued _____

Replacement: ___ Mailed

Issued By _____

___ Picked Up

Signature _____