

## Monthly Pass Fare Table

	Monthly Pass	Discount Monthly Pass
<b>Local AB, BC or CD</b>	\$70.00	\$35.00
<b>Express ABC or BCD</b>	\$128.00	\$64.00
<b>Regional</b>	\$164.00	\$82.00

- Send me \_\_\_\_\_ quantity x \$70.00 = \$ \_\_\_\_\_  
of **Local AB, BC or CD** (circle one) Monthly Pass  
for the month(s) of: \_\_\_\_\_
- Send me \_\_\_\_\_ quantity x \$35.00 = \$ \_\_\_\_\_  
of **Discount Local AB, BC or CD** (circle one) Monthly Pass  
for the month(s) of: \_\_\_\_\_
- Send me \_\_\_\_\_ quantity x \$128.00 = \$ \_\_\_\_\_  
of **Express ABC or BCD** (circle one) Monthly Pass  
for the month(s) of: \_\_\_\_\_
- Send me \_\_\_\_\_ quantity x \$64.00 = \$ \_\_\_\_\_  
of **Discount Express ABC or BCD** (circle one) Monthly Pass  
for the month(s) of: \_\_\_\_\_
- Send me \_\_\_\_\_ quantity x \$164.00 = \$ \_\_\_\_\_  
of **Regional** Monthly Pass  
for the month(s) of: \_\_\_\_\_
- Send me \_\_\_\_\_ quantity x \$82.00 = \$ \_\_\_\_\_  
of **Discount Regional** Monthly Pass  
for the month(s) of: \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

Phone Number \_\_\_\_\_

## Monthly Pass Order Form

Total cost from other side: \$ \_\_\_\_\_

**Method of payment** (check one box):

- Check (enclosed)  Money Order (enclosed)  
 Credit Card

**Credit Card Information**

- MasterCard  VISA  Discover Card

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

## Automatic Payment

Please enclose a voided check or a deposit slip from the checking/savings account that you will be using for the Automatic Payment Plan.

Amount of monthly withdrawal \$ \_\_\_\_\_

Customer signature \_\_\_\_\_

RTD is hereby authorized and requested until otherwise instructed in writing, to pay and charge to my (our) account all Monthly Pass purchases rendered against the undersigned by RTD. I further agree that if any such check be dishonored, whether with or without cause and whether intentionally or inadvertently, RTD shall be under no liability whatsoever. This authority is to remain in full force and effect until RTD has received written notification from me (or either one of us) of its termination in such time and manner as to afford RTD a reasonable opportunity to act on it.

**Mail to:** RTD Accounting Department, P.O. Box 9769, Denver, CO 80209-0769, 303.299.6807. Make checks payable to the Regional Transportation District.