



Canada's Tournament Capital

CITY OF KAMLOOPS ProPASS Enrolment Application Form

Principal ProPASS Applicant (please print clearly):

Company Name

Employee Surname

First Name

Email Address

*Additional ProPASS Applicants (if applicable):

(*must be adult family members living in the same household as the principal ProPASS applicant)

1.

Surname

First Name

Phone No.

Email

2.

Surname

First Name

Phone No.

Email

Terms and Conditions of the ProPASS Program

1. I agree to participate according to the terms and conditions of the ProPASS Program.
2. The ProPASS payroll deduction starts at the next pay period after the date indicated on this form and continues for a minimum of four months from the start date. The exceptions for early cancellation are employee relocation or termination or circumstances authorized by the payroll department, such as maternity or parental leave, long-term disability, or WorkSafeBC time loss claims. If I cancel for reasons other than those stated, I will reimburse the City for the difference between the ProPASS cost and the cost of monthly bus passes for the time I was on the program.
3. The principal ProPASS holder listed above is responsible for each additional ProPASS that is enrolled under his/her name, and payment for each additional ProPASS will be made through the principal ProPASS holder's payroll deduction.
4. I understand that the pass is continuous (no expiry date) and that payroll deductions will end when I hand in my ProPASS to the Payroll Section and complete an exit survey. If I do not hand in my pass, deductions will continue, and I could be subject to legal action by BC Transit or the City.
5. ProPASS payroll deductions may be subject to changes in transit fares, as determined by the City.
6. I understand that a lost, stolen, or seized card is subject to a replacement fee.

I have read and understand the terms and conditions on this form.

Signature (Principal ProPASS Applicant)

Date

Signature (Additional ProPASS Applicant No. 1)

Date

Signature (Additional ProPASS Applicant No. 2)

Date

To Be Completed By Payroll Administrator:

Payroll deduction starts as of:

Day_____
Month_____
Year

Deductions per annum:

 12 24 26_____
Signature of Payroll Officer (ProPASS Administrator)_____
Date_____
Name_____
Phone No._____
Email Address

**Please complete this application and fax both pages to:
City of Kamloops at 250-828-3848
Attention: ProPASS
or email the application to transit@kamloops.ca**