PROPASS

EXIT
FORM

▼ *BC Transit*

_____
DATE PARTICIPANT EXITED

Received destroyed photo
from administrator: ☐ **YES**   ☐ **NO**

_____
BAD LIST DATE (IF REQUIRED)

▼ *Administrator (Employer) to complete*

_____
COMPANY NAME

Payroll deduction terminated as of: _____
MM/DD/YY

Emailed destroyed ProPASS photo and exit form to BC Transit: _____
MM/DD/YY

_____   _____
SIGNATURE OF COMPANY PAYROLL OFFICER (PROPASS ADMINISTRATOR)   DATE

_____
PLEASE PRINT NAME

▼ *Employee (PROPASS Participant) to complete*

_____   _____
EMPLOYEE LAST NAME   EMPLOYEE FIRST NAME

_____
PROPASS NUMBER

I have sent a picture of destroyed
card to administrator (**please check**) ☐

BCTransit

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