

PROPASS

EXIT FORM

▼ **To be completed by the PROPASS Administrator:**

COMPANY NAME

EMPLOYEE LAST NAME

EMPLOYEE FIRST NAME

PROPASS NUMBER

Payroll deduction
terminated as of:

DAY

MONTH

YEAR

PROPASS surrendered
as of:

DAY

MONTH

YEAR

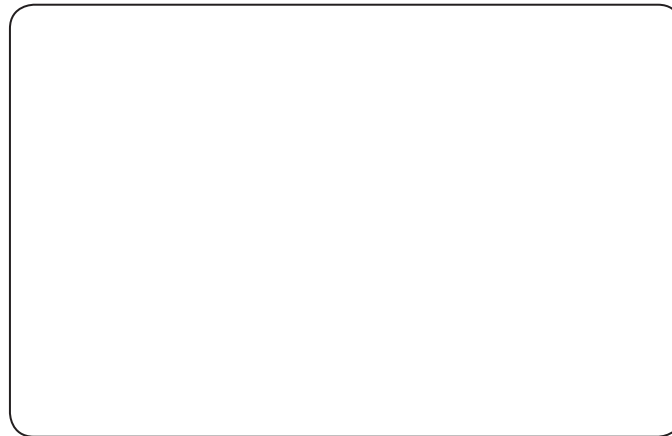
SIGNATURE OF COMPANY PAYROLL OFFICER (PROPASS ADMINISTRATOR)

DATE

PLEASE PRINT NAME

Upon completion, please return this form with the PROPASS to:

PROPASS PROGRAM, BC Transit, 520 Gorge Road East, PO Box 9861, Victoria, BC V8W 9T5



Attach Card

