



UNIVERSITY OF LEEDS

THE UNIVERSITY OF LEEDS MCARD DEDUCTION APPLICATION

TITLE _____

FIRST NAME _____

SURNAME _____

PAYROLL NUMBER _____

DEPARTMENT _____

WORK EMAIL/PHONE _____

NEW OR RENEWAL? _____

I wish to purchase the following MCard:

ANNUAL MCARD	TOTAL COST	MONTHLY DEDUCTION (first 9 months)	MONTHLY DEDUCTION (final month)	TICK
BUS ONLY	£818.40	£81.84	£81.84	
RAILCARD-ZONES 1-3	£1,351.94	£135.19	£135.23	
RAILCARD-ZONES 1-4	£1,588.22	£158.82	£158.84	
RAILCARD-ZONES 1-5	£1,906.78	£190.67	£190.75	
RAILCARD ZONES 2-5	£1,331.79	£133.17	£133.26	

I, the undersigned, agree to purchase this card from the University. I certify that the details given herein are correct.

I confirm that I have read, understood and agree to all the Terms and Conditions laid out in this document.

Upon signing this agreement deductions at the appropriate rate will commence from your salary automatically effective from the starting month of your MCard.

Signed.....

Date.....