



# 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	£	£	£	
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.....