



**The Rideshare Company**  
 A Non-Profit Commuter Service Corporation  
**100 Corporate Drive, Suite 120**  
**Windsor, CT 06095-2119**  
**www.easystreet.org**

**Tel: 800-972-EASY (3279) or**  
**860-692-1234**

**Fax: 860-692-1279**

Return this form by mail or fax  
 To allow sufficient time for processing,  
 please submit all changes at least 7 days in  
 advance of the date they are effective.

RIDER INFORMATION

New Rider Reservation (Please note: complete Rider Information & Payment Method, below. Read Easy Street® Rider Policies on reverse before signing.)

Rider Change Notice

Rider information has changed.

Rider Name: \_\_\_\_\_ *please print all information*

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Your Employer: \_\_\_\_\_ Employee #: \_\_\_\_\_

Employer Location: \_\_\_\_\_

Work Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ ext: \_\_\_\_\_

E-mail: \_\_\_\_\_

Easy Street® Route # or Driver Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RESERVATION / CHANGE NOTICE

VACATION

**Full time riders (only)** will be given a discount on their fare for one consecutive week of vacation. Maximum benefit four vacations per year (July 1 to June 30). If you pay by check, deduct one quarter of the regular monthly fare. **If you pay through payroll deduction, a reimbursement check will be issued 30 to 45 days after you return to work.**

Vacation Start Date: \_\_\_\_\_

Vacation End Date: \_\_\_\_\_

LEAVE OF ABSENCE

**Full time riders (only)** may take an employer-approved extended leave of absence (up to one month duration) during the benefit year (July 1 to June 30). During the leave of absence you may reserve your seat at no cost. **If you pay through payroll deduction, a reimbursement check will be issued 30 to 45 days after you return to work.**

Leave Start Date: \_\_\_\_\_

Leave End Date: \_\_\_\_\_

Reason: \_\_\_\_\_

TRANSFER

Route Change From Route # \_\_\_\_\_ to Route # \_\_\_\_\_

Rider Status Change from FULL TIME to PART TIME\*

Rider Status Change from PART TIME to FULL TIME\*

The Rideshare Company will make the appropriate changes to your fare.

**\*Note: Part-time ridership not applicable to minivans.**

**Monthly Receipt Requested:**

e-mail  mail

Effective Date: \_\_\_\_\_

PAYMENT METHOD

Current Method:

Check/Money Order  Payroll Deduction<sup>(1)</sup>  Credit/Debit Card<sup>(2)</sup>

New Method:

Check/Money Order  Payroll Deduction<sup>(1)</sup>  Credit/Debit Card<sup>(2)</sup>

(1) The payroll deduction will be effective based on the timing of your notification and processing by your employer.

(2) A Credit/Debit Card Authorization Form must be sent to The Rideshare Company. Account changes received by the 15<sup>th</sup> of the month will be effective on the 1<sup>st</sup> of the following month.

Full Time

Part Time

Start Date: \_\_\_\_\_

CANCELLATION

Payment Method:

Check/Money Order  Payroll Deduction  Credit/Debit Card

You will continue to be responsible for your fare from the date you give notice through your last day of participation.

Effective Date: \_\_\_\_\_

New Commuting Method:

Bus  Carpool  Driving Alone  Other Reason: \_\_\_\_\_