WeGoRide Enrollment Form



430 Myatt Drive • Nashville, TN 37115 Phone: (615) 862-5950 • www.wegotransit.com Email: customer.comments@nashville.gov

Check One: □ New Enrollment □ Information Change □ Replacement Card *

Employee Information		
Name:	Employee Number:	
Address:		
City:	ST:	ZIP Code:
Home Phone:	Work Phone:	Ext
Department:	Division:	

Acknowledgment

_____, an employee of the Metropolitan Government of Nashville and Davidson County have Ι read and understand the benefits and privileges of the MTA (WeGoRide) Employee Transit Card Program and agree to abide by all rules. I will be using the benefit for my regular daily commutes. I will not give, barter, exchange, convey, or otherwise transfer benefit to any other person. I understand that the privileges provided are for the benefit of Metro employees only and may be revoked at any time by misuse, abuse or cancellation of the program. I also understand that there will be random monthly audits of all rides made by Metro employees. If it is determined that I misused the benefit, I may be required to reimburse Metro Government at the current contract price for those rides. Should I terminate my employment with Metro for any reason, I will relinquish my card upon departure to my supervisor.

 Employee Signature:

Date:

Once completed please submit this form to your Department HR Coordinator to process.

* = Replacement ID Cards are \$3.00 each. Payment can be made payable to Metro Nashville with the memo listed as "Replacement Card Fee". HR Coordinators are to process payment for replacement cards internally between the employee and Metro Nashville. Confirmation: For HR Coordinator Use Only (Upon transfer of MTA transit card (QuickTicket) to employee signature is required) HR Coordinator (Please Print Name): ______ HR Coordinator Signature: _____ Employee Signature: ______ Department: ______

Date transit card provided to employee: