



2016 SUSTAINABLE ATWOOD METRO COMMUTE CARD (SAMCC) SERVICE AGREEMENT

Name of SAMCC Holder (please print) _____

Email _____ Telephone _____

Billing Address _____

City & Zip _____

I, _____, SAMCC Holder/s, agree to pay monthly cost of per-swipe usage of SAMCC as determined by Madison Metro and reported by Sustainable Atwood in accordance with the terms set forward below.

The initial term of this contract is for the balance of the calendar year of 2016 and shall continue on a month-to-month basis under the same terms and conditions thereafter, including any rate adjustments, until terminated by either party.

This agreement must be signed at the beginning of the term of service.

Billing: Use statements will be sent to SAMCC Holder via email on a monthly or bimonthly schedule as provided by Madison Metro.

Payment: Payments to Sustainable Atwood will be made automatically through enrolment in ACH (Automatic Clearing House [automatic withdrawal from personal bank account/direct deposit to Sustainable Atwood]), or if arrangements are made with Sustainable Atwood, payment may be made by check via U.S. Postal Service to 2018 Helena Street, Madison WI 53704 within 5 days of billing.

Cost: Fixed route rides taken during the term of this contract will be billed at \$1.25 per swipe. In the event of a rate change, SAMCC Holder will be notified of the rate change amount and date of implementation within one month after a change has been approved by Metro. *Please note:* receipt of transfers is NOT part of the SAMCC program and will not be provided when the SAMCC is used. ADA paratransit rides will be billed at the applicable peak or off-peak ADA paratransit fare on the date the ride is taken. Current rates can be obtained directly from Madison Metro. Paratransit riders must fill out an application and be a registered paratransit rider to use this service, and follow the appropriate steps to schedule their paratransit ride.

Late Payments: Payment is due upon invoice receipt. Payments not received within ten days of the invoice date will be considered late. At that time, the invoiced amount will be deducted from the SAMCC Holder's deposit. If payment is not made within thirty days of billing and the SAMCC Holder has not contacted the administrator, the SAMCC will be deactivated. If there is still no payment and the SAMCC Holder has not contacted the administrator within 30 days

after deactivation due to nonpayment, the deactivation will be considered permanent and the remaining Deposit money will be returned to the SAMCC Holder. Two deactivations within six months for late payments will put the SAMCC Holder at risk for removal from the program for a period of one year

Deposit: A \$40.00 deposit (per card) will made and kept in reserve for any unpaid balances until either party terminates the agreement. At that time, the deposit will be returned to the SAMCC Holder minus any unpaid charges, within 10 days of billing for the month during which the termination occurs.

Administrative Fees: A \$15.00 administrative fee will be assessed annually to cover banking and administrative fees. This fee will be required of all SAMCC Holders regardless of their method of payment.

Transferability: The SAMCC is an adult pass, so children cannot participate. SAMCCs can be shared amongst adult household members, but two adults cannot get on the bus and swipe it twice to cover both of their fares; doing so would trigger an error message on the bus meter. The signer of the contract, the SAMCC Holder, will continue to be responsible for all charges.

Loss of Card: If a SAMCC is lost, the SAMCC Holder must inform the SAMCC administrator as soon as possible by both phone and by email. (If the administrator is out of town or otherwise not available for any length of time, alternative contact information will be provided to you via email.) The SAMCC will be deactivated as soon as possible. The SAMCC Holder will be responsible for usage costs up to time of deactivation. A replacement Card will be mailed by the SAMCC administrator to the SAMCC Holder as soon as possible after notification of loss. If the SAMCC Holder wishes to obtain the replacement Card sooner, they will be responsible for pick-up. Replacement cards: \$5 each.

Termination: This agreement may be terminated in writing by either party. Written notice of termination by postal or electronic mail must be given within no less than 15 days of desired deactivation date. Usage charges will continue to be assessed until deactivation. Final payment will be adjusted to reflect date of deactivation. The balance of the deposit, if any remains, will be returned within 10 days of billing for the month during which the deactivation occurs. If the deposit is not sufficient to cover the remaining charges, the SAMCC Holder is responsible for the outstanding balance.

Liability: The SAMCC Holder shall save and hold harmless Sustainable Atwood and all of its officers and agents against any and all liability claims, costs of whatever kind and nature occurring in connection with or in any way incidental to or arising out of the services performed under this Agreement.

Signed _____ Date _____
(SAMCC Holder)

Signed _____ Date _____
(SAMCC Administrator)

**Sustainable Atwood | 2018 Helena Street | Madison, WI 53704
608-622-7212 | SustainableAtwood.org**



Sustainable Atwood Metro Commute Card ACH Form

I (we) hereby authorize Sustainable Atwood to initiate debit entries to my (our) account indicated below and the FINANCIAL INSTITUTION named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account and, if necessary, initiate adjustments, for any transaction credited/debited in error. This authority will remain in effect until Sustainable Atwood is notified by me (us) in writing to cancel it in such time as to afford Sustainable Atwood and the FINANCIAL INSTITUTION a reasonable opportunity to act on it. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Personal Information

Name(s) - Please Print

Street Address City, State Zip Code

E-mail address Preferred telephone

Financial Institution Information

Name of Financial Institution

Name(s) on Financial Institution Account

Financial Institution Address City, State Zip Code

Account Number Routing Number

Account Type:
Checking
Savings



Payments will be deducted from your financial institution account on the due date stated on your bill. Automatic withdrawal will begin with the next billing cycle.

Signature Date

Signature Date