![RIPTA - Rhode Island Public Transit Authority logo]

APPLICATION FOR SENIORS

Last Name _____ First Name _____ _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Phone Number _____

Proof of Age (required):
One of the following must be provided:

☐ Medicare Card   ☐ Driver's License   ☐ Passport
☐ State ID Card   ☐ Green Card/Citizenship Papers

Proof of Identity (required):
One of the following must be provided:

☐ Driver's License   ☐ Passport   ☐ State ID Card
☐ Veterans Administration ID Card

Signature:
I hereby attest that the information provided with this application is true, and I authorize RIPTA to conduct verifications as necessary. I understand that if any statements made on this application form are false or inaccurate, or if any of the attachments have been falsified, I will lose the privileges granted by the Reduced Fare Bus Pass Program and be subject to criminal prosecution for fraud in accordance with Rhode Island State Law.

Signature: _____   Date: _____

Print Name: _____

RIPTA

RHODE ISLAND PUBLIC TRANSIT AUTHORITY ────────────────────────

CREDIT CARD PAYMENT AUTHORIZATION

*Sign and complete this form to authorize RIPTA to make a **one-time (1) charge** to your credit card listed below.*

By signing this form you give RIPTA permission to debit your account listed for the amount indicated on or after the indicated date. This permission is for a single transaction only, it does not provide authorization for any additional unrelated debits or credits. The information provided shall not be used for any other purpose. The information provided is not retained by RIPTA and will be destroyed upon successful processing of the one-time payment.

I, _____ authorize RIPTA to charge my credit card
      (cardholder's full name)

account indicated below for the sum of $_____ on _____.
                       (amount)   (date)

Card Type: Visa___   Mastercard___   Discover___   AMEX___

Account #:   _____

Expiration Date:_____

CVV: _____

Name: _____

Address: _____ (Street)

                _____ (City, State, Zip)

Phone: _____

Email: _____

I authorize RIPTA to charge the credit card indicated on this authorization form according to the terms and conditions stated above. This payment authorization is for the amount indicated above only and is valid for one-time (1) use only. I certify that I am an authorized user of this account and I will not dispute the payment with my credit card company as long as the transaction corresponds to the terms indicated on this form.

SIGNATURE_____   DATE_____

705 Elmwood Avenue, Providence, RI 02907 • 401-784-9500
For Schedule Information, 401-781-9400, 1-800-224-0444, or www.RIPTA.com

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