

**TRANSIT BENEFIT PROGRAM
CLIPPERSM CARD REQUEST**



FOR OFFICE USE ONLY

CSN _____ Date _____

CSR _____ Ref. # _____

To request a free Clipper card for use with your electronic employee transit benefits, please complete the following information and fax this form to 925.686.8221. You may also mail it to Clipper Customer Service Center, P.O. Box 318, Concord, CA 94522-0318 or email it to custserv@clippercard.com.

STEP 1: CARDHOLDER CONTACT INFORMATION

First Name _____ **Last Name** _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Daytime Phone Number _____

Email Address _____

Benefit Provider _____

Please allow up to 10 business days to receive your card.
One card per benefit program participant, please.

STEP 2: SUBMIT FORM

■ Fax to:
925.686.8221

or

■ Mail to:
**Clipper Customer Service Center
P.O. Box 318
Concord, CA 94522-0318**

or

■ Email to:
custserv@clippercard.com