

**TRANSIT BENEFIT PROGRAM  
CLIPPER<sup>SM</sup> 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](mailto:custserv@clippercard.com).

**STEP 1: CARDHOLDER CONTACT INFORMATION**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Daytime Phone Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Benefit Provider** WageWorks - UC Berkeley Parking & Transportation

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](mailto:custserv@clippercard.com)**