



# Metro-North Railroad

## Ticket Machine Claim Form

<b>CUSTOMER INFORMATION</b> (Please Submit Clearly, Fill in ALL information)			
Customer Name:		Date of Purchase:	
Address:		Ticket Machine Number:	Time: AM PM
City:	State:	Zip Code:	Station Origin:
Email:		Station Destination:	
Customer Signature:		Date:	
<b>TICKET INFORMATION</b>			
Transaction Number:		Overcharged: Yes No	
Number of Tickets Ordered:		<b>Cash Purchase</b>	
Number of Tickets Received:		Amount Inserted: _____	
Ticket Type:		Change Received: _____	
Peak	Monthly	<b>Amount Claimed:</b> <input type="text"/>	
Off Peak / Military	Weekly	<b>Credit/Debit Card Purchase</b>	
Family	10 Trip - Peak	Visa	MasterCard
Child	10 Trip - Off Peak	AMEX	Discover
SR / Disabled / Medicare	Special Event	Debit Card	
MetroCard	MetroCard Value	Other	
		First six and last four digits only of Card number used XXXXXX	
		<b>Amount Claimed:</b> <input type="text"/>	
Trip:	One Way	Round Trip	
Additional Information:			
Prepared By:		Date:	
<b>DO NOT WRITE BELOW THIS LINE -- OFFICE USE ONLY</b>			
Last Service Date:	In Balance:	TVM Over:	TVM Short:
Remarks:			
<b>CIRCLE ANSWER:</b> Sale Verified Y / N Error Found Y / N Charge Confirmed Y / N Ticket Jam Y / N			
Pay Claim:	Yes	Amount	Cr Db Cash Deny
Approval:		Date:	
For Additional Information or Questions After Submitting Your Claim			
Phone:		Call 511 or 1-877-690-5114 (outside of NY State)	
Mail correspondence to:		MTA Metro-North Railroad, Customer Engagement Team	
All claims will be processed back to their original form of payment		420 Lexington Avenue, 5th Floor	
		New York, NY, 10170	