

FasTrak® Customer Service Center
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415-974-6356 (FAX)
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## **FASTRAK ACCOUNT UPDATE**

| FIRST NAME*  COMPANY  |   |   |            |                |
|---|---|---|------------|----------------|
| COMPANY   | LAST NAME   | LAST NAME*                              |            |                |
|   |   |   |            |                |
| ADDRESS*  |   |   |            |                |
| CITY*   | STATE*  | ZIP CODE*                               |            |                |
| COMPLETE ONLY THE SECTIONS REQUIR VEHICLE INFORMATION (Attach sheet if mo   |   | AND DATE BELOW.                         |            |                |
| ADD/REMOVE LICENSE PLATE # STATE  | VEHICLE MAKE VEHICLE MODEL  | YEAR COLOR                              | START DATE | END DATE       |
| PERSONAL INFORMATION (Updated Inform  | nation)   |   |            |                |
| NAME [ ]Update <sup>+</sup> [ ]Add [ ]Remove  |   |   |            |                |
| ADDRESS   |   |   |            |                |
| CITY  | STATE   | ZIP CODE                                |            |                |
| EMAIL   | PHONE NUM   | PHONE NUMBER (Mobile preferred)         |            |                |
| Documentation is required to update names. Please p   | provide a copy of marriage certificate  | or court documents.                     |            |                |
| f you are updating the expiration date of a card alread four have the option to add a secondary credit card to and will become the primary card.  (Circle one) CREDIT CARD TYPE (Circle   | your FasTrak account. In the event the  |   |            |                |
| Add Update Visa MasterCard American Expre   | ·   | AKD NOMBEK                              |            | mary Secondary |
| Add Update Visa MasterCard American Expre   |   |   | ]          | mary Secondary |
| f you are adding a new credit card to your account, a   |   |   |            | ,              |
| SIGNATURE   |   |   | DATE       |                |
|   |   | atic credit card reple                  |            |                |
| <ul> <li>I would like to change my payment met I understand the toll tag deposit (up to information and signature above.)</li> <li>I would like to change my payment met I understand there is a \$5 refundable to (Refundable deposit = # of toll tags x \$5.</li> </ul> | 3) will be credited to my preparation of the care also also also also also also also also | d replenishment to ca<br>on my account. |            |                |

FasTrak: Account Update VERSION: 11/2023