FasTrak® Customer Service Center
PO Box 26926
San Francisco, CA 94126
www.bayareafastrak.org
1-877-BAY-TOLL
(1-877-229-8655)
Fax 1-415-974-6356

For Office Use Only

Closing Balance $_____ Toll Tag Deposit $_____ Refund $_____

Method of Payment: Cash/Check Visa Mastercard American Express Discover

CSR Initials _____ Date _____ Finance Initials _____

Account Closure Form

Account Information

FasTrak Account or Toll Tag Number	
Name/Company	
Address	
City, State, Zip code	
Day Phone	
Evening Phone	

Toll Tag Deposit

Important: Toll tags MUST be returned with your account closure request. A $20.00 fee will be charged for each unreturned toll tag. No additional credits/refunds will be given if toll tags are returned after the account is closed.

Number of Tags Returned?	

☐ Please check this box to indicate you will not return your toll tags.

Refund Address (if different from above)

Address	
City, State, Zip code	

Reason for Account Closure

☐ Moving

☐ Changed Job/Retire

☐ Death of Account Holder
For verification, please include a copy of the death certificate, a copy of the Power of Attorney if an estate has been established, or other documentation (e.g., obituary, funeral pamphlet, etc.).

☐ Not Happy with Service (please explain) _____

☐ Other (Please explain) _____

Please Rate our Customer Service

☐ Excellent

☐ Good

☐ Average

☐ Poor

Signature

By signing this form, you are authorizing the FasTrak Customer Service Center to close your account. Refunds will be processed in approximately 30 days to allow for posting of transactions after request is submitted. For cash/check accounts, refunds will be made by check. For credit card accounts, a credit will be issued to the credit card on the account.

For a business account, this form must be signed by the contact listed on the account. If there are multiple contacts listed, only one contact is required to sign the Account Closure Form. If there are no contacts listed, a letter requesting to close the account on business letterhead must be submitted and signed by an officer of the company.

_____ _____

Signature *Date*