



FasTrak Customer Service Center  
PO Box 26898, San Francisco, CA 94126  
www.bayareafastrak.org  
1-877-BAY-TOLL (1-877-229-8655)  
Fax 1-415 -974-6356  
TDD/TTY 415-486-2492

License Plate Account Closure Form	
License Plate Account Number	
Name/Company*	
Address	
City, State, ZIP	
Phone	
Cell Phone	

**Refund Address: (if different from above)**

Address	
City, State, ZIP	

*Note: Refund, if any, will be processed in approximately 30 days to allow for posting of transactions after request is submitted.*

**Signature(s):**

All parties listed on account must sign (except business account)*		Date:	
		Date:	

*\*For a business account, an Account Closure Form must be signed by the contact listed on the account. If there are multiple contacts listed, only one contact is required to sign. 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.*

**Reason for Closure:**

- ☐ Moving (New Address Provided Above)  
☐ Changed Job/Retired  
☐ Death of Account Holder

*Please include a copy of the death certificate for deceased individuals. If an estate has been established, please provide a copy of the Power of Attorney.*

<input type="checkbox"/> Not Happy with Service (Please Explain):	
<input type="checkbox"/> Other (Please Explain):	

**Please rate our customer service:**

- ☐ Excellent      ☐ Above Average      ☐ Average      ☐ Poor

OFFICE USE ONLY	
Closing Balance: \$ _____	
Method of Payment: <u>Cash/Check</u> <u>Visa</u> <u>MasterCard</u> <u>Amex</u> <u>Discover</u>	
Total Refund:    \$ _____	
CSR: _____	Date: _____ Finance Initials: _____

