



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

Account Closure Form

FasTrak Account Number (or if unknown provide Toll Tag Number)	
Name/Company*	
Address	
City, State, ZIP	
Day Phone	
Evening Phone	

Number of Tags Returned?		<input type="checkbox"/> Please check this box to indicate you will <u>not</u> return your toll tag(s).
---------------------------------	--	---

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.

Refund Address: (if different from above)

Address	
City, State, ZIP	

Note: 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.

Signature:

All parties listed on account must sign*		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 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.*

Reason for Closure:

- ☐ Moving (New Address Provided Above)
☐ 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.).*

<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: \$ _____ Toll Tag Deposit \$ _____

Method of Payment: Cash/Check Visa MasterCard Amex Discover

Total Refund: \$ _____

CSR: _____ Date: _____ Finance Initials: _____