

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

Account Update Form								
		1						
FasTrak Account Number								
Company								
Name								
Address	ZID							
City, State,		1 1 .:		1 .1 .	11.1	1		
Instructions: Complete only the sections requiring a change, then sign and date below.								
Vehicle Inf	ormation:							1
Plate	State	Make	Model	Year	Color	Add/Delete		Start and End Date
Personal Information: New Information								
Company								
Name								
Address								
City, State, ZIP								
Day Phone and ext.								
Evening Phone								
Credit Card Information: Note: If you are changing or adding a Credit Card, a signature is required below. If you are only updating the expiration date, you may call the FasTrak® Customer Service Center at (1-877) 229-8655.								
Credit Card Type				Credit Card	Exp. Primary Card?*		ary Card?*	
(circle one)						Date	Type Yes or No	
Visa - MasterCard –American Express - Discover								
Visa - MasterCard –American Express -								
Discover	ercaru –Amei	ican Express -						
*You now h	ave the option	to add a seco	ndary Credii	t Card to your F	asTrak® acco	ount. In the	event the	Primary
				d and will then b				•
Signature:						Date:		
	•	(for a	redit card u	ndates)		•		
Change Payment Type (select one): I would like to change my payment method from check to automatic credit card replenishment. I understand the toll tag deposit (up to 3) will be adjusted to my prepaid toll balance. (Please provide credit card								
information and signature above.)								
I would like to change my payment method from automatic credit card replenishment to check replenishment. I understand there is a \$20 toll tag deposit for all toll tags on my account. (<i>Refundable deposit</i> = # of toll tags x \$20. Make check payable to "BATA".)								
Signature:						Date:		