



## Closed Account Request

Account #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account Name: \_\_\_\_\_

Transponder(s) #: \_\_\_\_\_  
*(All transponders must be returned to the service center to receive a full refund, or lost/stolen charges apply)*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Reason for Closing: \_\_\_\_\_

Deceased

Has your E-ZPass been used outside of Virginia in the last 60 days? YES NO

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\* Refunds will be issued to the credit card on the account. \*\***

**\*\* Check refunds (minimum \$3.00) will be issued if no valid credit card is available. \*\***

Customer Signature: \_\_\_\_\_

CSR Name: \_\_\_\_\_ CSR #: \_\_\_\_\_

### E-ZPASS OFFICE USE ONLY

Date Closed: \_\_\_\_\_

Amount of Refund: \$ \_\_\_\_\_

Date of Refund: \_\_\_\_\_

Check # (if applicable): \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_