

1-877-627-7745 1-508-786-5222 (Fax) www.ezpassma.com

## INDIVIDUAL E-ZPASS MA ACCOUNT – PAYMENT OPTION CHANGE

E-ZPass MA Account Number:

Customer Name:

To change your option, please select a new payment method from the following or scan the QR code below or visit www.EZDriveMA.com:

## **Pre-Paid Payment Options:**

Direct Payment from Checking Account

Routing Number								J	Acc	+ NI	umb	or (	or if	026	lor	atte	och -	0 V 0	ido	d of	0		I	

unt Number (or if easier, attach a voided check)

## Credit/Debit Card Payment with Automatic Account Replenishment

F	Please check type of Credit/Debit Card: DVisa														∎Mast		Di	scov	er		Am	Expre	ess					
																]												
Credit/Debit Card Number												Exp Date						CVV Code										

Print Name as it appears on Credit/Debit Card

Signature of Credit/Debit Card Holder

By selecting direct payment from checking account or automatic payment with credit/debit card, you hereby authorize MassDOT to initiate debit entries to automatically replenish your account whenever the account balance falls below the Low Balance threshold. This authorization is to remain in full force and effect until MassDOT has received written notification of its termination in such time and in such manner as to afford MassDOT reasonable opportunity to act on it. You acknowledge that MassDOT may review the activity in your account, periodically, and adjust your replenishment amounts, if applicable, to more accurately reflect your average monthly tolls and fees.

## Manual Account Replenishment

By selecting the manual account replenishment, you are required to maintain a sufficient pre-paid balance on your account by making payments via on-line, by mail, fax, phone, or in person.

I authorize change of payment option, as indicated above, and certify that all information contained on this form is true and accurate. I understand any amount due on my account, as well as additional funds for future tolls, will be deducted from the checking account or credit/debit card I have provided. If I have selected manual account replenishment, I am including a check/money order for any amount due on my account, plus additional funds for future tolls.

(Signature)

(Print Name)

(Date)

Thank you, EZDriveMA Customer Service Center



www.EZDriveMA.com