MMTA/MTA Account #_____

BUSINESS ACCOUNT - AUTOMATIC REPLENISHMENT FORM

2360 Congress Street Portland Maine 04102 Phone: 888-682-7277 Fax: 207-482-8800

Account Name _____

Automatic Payment Additions

(Credit card information must be indicated below)

☐ **Automatic Replenishment Amount** $_____

_____

Payment Selection

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card #_____-_____-_____-_____ **Expiration Date**_____

Card holder name: First Name _____MI____Last Name_____

Company Name_____

Billing address: _____

City/Town:_____**State**_____**Zip Code**_____

***Card Holder Signature** (required if different from EZPass account holder)_____

_____

Cancellations:

I wish to cancel my: ☐ Automatic Replenishment

_____

I authorize the above changes to my account to be completed.

***E-ZPass Account Holder Signature** (required)_____

(For Office Use Only)

Completed by: _____Date: _____/_____/_____Prepaid Balance: $_____. _____Time: _____:_____ am / pm