



MMTA/MTA Account # _____

BUSINESS ACCOUNT - AUTOMATIC REPLENISHMENT FORM
PO Box 3858 Portland Maine 04104 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