



Request to Change EZ TAG Account Status

SECTION ONE

I, the undersigned, do hereby grant permission to process the following request as marked by my selection(s) below (mark all that apply):

Close account

Transfer EZ TAG(s)

Add EZ TAG(s)

I understand that this means my EZ TAG(s) will no longer be activated on the current account. If this request includes a tag(s) transfer to another EZ TAG Account, I relinquish all rights to the tag(s) and usage from this moment on.

SECTION TWO

Current EZ TAG Account holder information:

Name on Account: _____ **EZ TAG Account No.:** _____
Account Holder's _____ **Daytime Phone No.:** _____
E-mail Address: _____
Mailing Address: _____ **City/ST/Zip:** _____

I give EZ TAG Services the authorization to **refund any remaining balance to the payment method on file** after any outstanding balances or violations are paid.

Note: If payment method on file is a bank account, the refund will be issued by check and mailed to the address on file (requires 6-8 weeks processing time).

Authorized Account Signature: _____ **Date:** _____

SECTION THREE

For transferring EZ TAGs, please provide secondary EZ TAG Account Information:

I, the undersigned, authorize and request Harris County to add the below listed EZ TAG(s). Use of the added tag(s) shall be subject in all respects to the terms and conditions of the EZ TAG Agreement, as modified from time to time, and to the policies and procedures implemented by Harris County Toll Road Authority. I shall be responsible for and agree to pay all tolls, fees, and charges incurred through use of the added EZ TAG(s) from the date of this request.

The added EZ TAG(s) may cause the pre-paid deposit and/or replenishment amounts to increase based on the total number of active EZ TAGs on the undersigned's account. Harris County is authorized to increase those amounts in accordance with the EZ TAG Agreement requirements.

Name on Account: _____ **EZ TAG Account No.:** _____
Account Holder's _____ **Daytime Phone No.:** _____
E-mail Address: _____

Authorized Account Signature: _____ **Date:** _____

SECTION FOUR

(additional tags can be listed on a separate sheet)

EZ TAG No.:	Lic. Plate:	State:
Year: Color:	Make:	Model:
EZ TAG No.:	Lic. Plate:	State:
Year: Color:	Make:	Model:
EZ TAG No.:	Lic. Plate:	State:
Year: Color:	Make:	Model:
EZ TAG No.:	Lic. Plate:	State:
Year: Color:	Make:	Model:
EZ TAG No.:	Lic. Plate:	State:
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