

PIKEPASS Closed Account Form

4401 W. Memorial Rd., Suite 130, Oklahoma City, OK 73134
1.800.745.3727 (1.800.PIKEPASS) FAX 1.405.751.5248 www.pikepass.com

SECTION BELOW TO BE COMPLETED BY CUSTOMER

ACCOUNT NUMBER _____

ACCOUNT HOLDER NAME _____

NUMBER OF PIKEPASSes RETURNED _____ TRANSFER PIKEPASSes AND BALANCE TO ACCT# _____

Mailing Address _____

City, State, Zip _____

Daytime Phone Number _____

Signature _____ Date _____

(Account Holder must sign)

I hereby acknowledge, for each PIKEPASS not returned, my account will be charged \$30.00. After all PIKEPASSes are returned, any remaining balance will be refunded by check or credit/debit card. If authorized, the remaining balance can be transferred to another account. Accounts with a negative balance will not be closed. Thank you for your cooperation. Please note: If the refund and/or request to close an account is for a deceased patron, please mail or fax a copy of the death certificate, newspaper obituary, or other announcement with this form.

FOR PIKEPASS OFFICE USE ONLY

Received by _____ Date _____

TOTAL # of PIKEPASSes ON ACCOUNT _____

Pikepasses Removed

Lost/Stolen Pikepasses

Pikepasses Transferred

<i>Pikepasses Removed</i>	<i>Lost/Stolen Pikepasses</i>	<i>Pikepasses Transferred</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AMOUNT OF REFUND APPROVED _____ TRANSFER REFUND TO ACCOUNT _____

METHOD OF REFUND CHECK CREDIT CARD

CREDIT CARD # _____ EXPIRATION DATE _____

REP _____ DATE _____

SUPERVISOR APPROVAL _____ DATE _____

NOTES