

PIKEPASS EFT Authorization Form

4401 W. Memorial Rd., Suite 130, Oklahoma City, OK 73134
1.800.745.3727 FAX 405.751.5248 www.pikepass.com

Pikepass Account Number _____ Account Access Code _____

Account Holder Name _____

Address _____

City: _____ State _____ Zip _____

Daytime Phone: _____

When necessary to replenish my account, OTA has authorization to debit my bank account for the Minimum Prepaid Toll Fee, or any negative account balance, at the bank indicated below. This authorization will stay in effect until OTA has received written notice of its termination and has a reasonable opportunity to act upon it. **A voided check must be attached.**

Bank Name _____ Address _____

Account Number _____ Routing _____

Account Holders Signature: _____

Office Use: COPY CHECK IN SPACE ABOVE

Office Use Only

Rep _____ Date _____ Account _____