

PIKEPASS

4401 W Memorial Rd, Suite 130 Oklahoma City, OK 73134-1798
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www.pikepass.com

For Office Use Only

Account #

Rep _____ Date _____

Closed Account Form

TO CLOSE ACCOUNT: Provide the following information and sign. Any remaining balance will be refunded by check or credit/debit card. Accounts with a negative balance will not be closed. List additional information on a separate sheet.

Account Number _____ Account Holder Name _____

Mailing Address _____ City _____ State _____ Zip _____

Daytime Phone Number (with area code) _____

Signature _____ Date _____
(Account Holder must sign)

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.

TO COMBINE ACCOUNTS: Provide the following information and sign. Once transfers are completed, the original account will be closed. Accounts with a negative balance will not be closed. List additional information on a separate sheet.

Transfer balance only from Account (A) _____ to Account (B) _____

Transfer Pikepass(es) and balance from Account (A) _____ to Account (B) _____

Signature _____ Date _____
(Account Holders Signature Account A)

Signature _____ Date _____
(Account Holders Signature Account B)

Please note: If the request to transfer Pikepass (es) is for a deceased patron, please mail or fax a copy of the death certificate, newspaper obituary, or other announcement with this form.

COMMERCIAL ACCOUNTS: MUST send a written request to combine accounts on company letterhead which includes the Federal ID Number and a signature from an officer of the company. List additional information on a separate sheet.

FOR PIKEPASS OFFICE USE ONLY Rep _____ Date _____

Amount of Refund Approved _____ Transfer to Account _____

Pikepass(es) to be transferred / removed _____

Method of Refund: Check Credit Card _____ Last 4 _____ Exp Date _____

Closed By _____ Date _____

Supervisor Approval _____ Date _____

Notes: