

Pennsylvania Turnpike Commission E-ZPass Customer Service Center 300 East Park Drive Harrisburg, PA 17111 Phone # 877-PENNPASS Fax # 717.565.4311

AUTHORIZATION FOR RELEASE OF CUSTOMER ACCOUNT INFORMATION

E-Z	Pass Account	#	
Name of E-ZPass acco	unt holder)	, hereby authorize the Pennsylvania T	urnpike
		E-ZPass account information to the person listed	
	-	. I understand that this information is personal to	
include financial information, including		·	mo, and may
I agree to release and discharge the	Pennsylvania Tur	rnpike Commission from any and all claims, dem	ands, and
causes of action for any damage or in	njury of any kind o	or nature caused by, resulting from, arising out of	f, or occurring in
connection with the above mentioned	d release of E-ZPa	ass customer account information to my agent.	
I understand that this authorization w	rill remain active a	and on file with the Pennsylvania Turnpike Comm	nission, until I
have provided written instructions to	revoke it.		
*Name of Additional Agent:			
		(print name of contact to be added)	
*Additional Agent C	Contact Informat	tion:	
Driver's License #:		State:	
Daytime Phone #: _		Email address:	
	_		
Signature of Witness (3 rd Party)	Date	Signature of E-ZPass account holder	Date
Agent to be removed from the account:		(print name of contact to be removed)	
Signature of Witness (3 rd Party)	Date	Signature of E-ZPass account holder	Date

The Pennsylvania Turnpike Commission's E-ZPass Customer Service Center only discloses account information to the account holders or parties authorized by the account holder. When the account holder or authorized contacts call into the PTC E-ZPass Customer Service Center, the caller will be asked to verify their identity. For faster service, callers should have their E-ZPass account number and pin number handy.