

## **REQUEST TO CLOSE AN ACCOUNT**

I,	, authorize A30 Express to deactivate my associated			
transponder(s) and to close immediately my account #				
The remaining balance of the request at our office.	ne account will be credi	ted to the following credit o	card within 72 hours of	receipt of the
Credit card type :	Visa	Mastercard	Amex	
Name of the holder:				
Card number:				
Expiry:				
Amount to be credited:				
Transponder:				
vehicle:		Plate: _		
Contact phone number:				
Reason for closure:				

Account holder's signature

