



Section 1: Good To Go! Terms and Conditions

THE FOLLOWING SUPPLEMENTAL ACH TERMS AND CONDITIONS, TOGETHER WITH THE PRIMARY TERMS AND CONDITIONS AND YOUR APPLICATION, CONSTITUTE THE WASHINGTON STATE DEPARTMENT OF TRANSPORTATION ("WSDOT") GOOD TO GO! CUSTOMER AGREEMENT (THE "AGREEMENT") MADE AND ENTERED INTO BY AND BETWEEN YOU (THE "CUSTOMER") AND THE WSDOT GOOD TO GO! CUSTOMER SERVICE CENTER ("CUSTOMER SERVICE CENTER").

Section 2: Electronic Check Terms and Conditions

- A.** Customers must complete, sign and return this Electronic Check (ACH) authorization form to the *Good To Go!* Customer Service Center. The address can be found on the form below and also online at www.wsdot.gov/goodtogo.
- B.** Customers shall select one of the two (2) replenishment options listed in Section 3 of the Electronic Check Authorization, Part B.
- C.** Customers authorize *Good To Go!* to charge their bank account based on the replenishment options selected in Section 3, Part B. *Good To Go!* will not be able to notify you of the precise payment amount in advance. *Good To Go!* will also not notify you if the payment amount differs from the last payment made via ACH to your *Good To Go!* account. Automatic payment amounts will not exceed the amount you selected.
- D.** Transaction and payment information is available at anytime online at www.wsdot.gov/goodtogo. Customers may also request monthly account statements.
- F.** Customers may cancel their automatic replenishment by contacting the *Good To Go!* Customer Service Center. Cancellation may take up to seven (7) business days. Customer Service may be reached by:
 - 1. Phone** at 1-866-936-8246
 - 2. Fax** at 206-547-0496
 - 3. E-mail** at goodtogo@goodtogo.wsdot.wa.gov
 - 4. Mail** at WSDOT-Good To Go!, P.O. Box 300326; Seattle, WA 98103
- G.** Full refunds are available upon closure of your account and will be issued by ACH after all outstanding tolls and fees are paid. Partial refunds are available upon request by contacting the Customer Service Center. If a refund cannot be made by ACH, a state warrant (check) will be issued.
- H.** Retain a copy of this Agreement for your records.

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Internal Use Only

Date Received:

Processed By:

Date Completed:

Section 3: Electronic Check Authorization

Part A. By signing below you acknowledge that you have read and agree to the primary *Good To Go!* Terms and Conditions and the Electronic Check Terms and Conditions.

You understand that the amount you specify will be charged from your bank account for payment to your *Good To Go!* account at the frequency you specify below.

You must return this authorization form before ACH automatic replenishments can be accepted for your *Good To Go!* account.

Name (Print)		Signature		Date
Routing Number (see below for example)		Account Number (see below for example)		Financial Institution/Bank Name
Type of Account <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account				
Is the bank account above a Business Checking or Savings Account? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>Good To Go!</i> Account Number:				
Daytime Phone Number:				

Part B. Select one of the ACH payment methods listed below:

Option 1: Fixed Schedule / Fixed Replenishment Amount

You select the frequency and the amount of your replenishment. Your replenishment will occur on the dates selected, whether you use your *Good To Go!* account or not.

Step 1: Enter the day of the month for your replenishment (select two dates from 1 to 31)

Date 1 _____ Date 2 _____

(e.g. 1st and 15th of each month - Note: when the date selected for the monthly replenishment is not valid for the current month (e.g. the 30th of February) the last day of the month will be used.)

Step 2: Select the amount of your replenishment: (select one)

\$30.00 \$ _____ (other amount greater than \$30)

Option 2: Manual One-Time Payment

You monitor your *Good To Go!* account balance and manually replenish the account, either on the website, over the phone, in person, by mail or by fax.

One-time payment amount: \$ _____

Return Completed Form to:

By mail:
WSDOT - Good To Go!
P.O. Box 300326
Seattle, WA 98103

By fax:
206-547-0496

Questions:
Contact us at 1-866-936-8246