



Directions: Please complete the information below to submit your request to close your *Good to Go!* account. *Good to Go!* must receive a signed copy in order to process your request. Return information is included at the bottom of this page. If you have question regarding your refund, please contact Customer Service at 1-866-936-8246.

1. Personal Information * Denotes required information

*Last Name	*First Name	M.I.	*Phone
*Address	*City	*State	*Zip

2. Account Information

*Good to Go! Account Number	*Transponder Number	*Good to Go! Account Balance
-----------------------------	---------------------	------------------------------

Requested Account Closure Date: Please note that the refund amount may be different due to account usage.

3. Refund Information

If the last form of payment was via credit card, the refund will post to that credit card. All other refunds will be processed as a check, Washington State Warrant, and issued to the account holder or the estate of the account holder. Please allow 15 days from receipt of this request form for processing.

- Moving
- New Mailing Address:
- Dissatisfied
- No Longer Used
- Financial Reasons
- Other (Please Explain):

4. Authorization

*Signature	*Date
------------	-------

Please return a signed copy of your request to the *Good to Go!* customer service center by mail, email, or fax.

Mailing Address: *Good to Go!*; P.O. Box 300326 Seattle, WA 98103-9721

E-mail Address: goodtogo@goodtogo.wsdot.wa.gov (Please attach the form as a PDF to your e-mail)

Fax: 206-547-0496

For Internal Use Only

Current Customer Account Balance	Date Received	Received By
----------------------------------	---------------	-------------

Final Processing

Final Refund Amount	Request for Refund Amount <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Representative Signature	Date Processed
---------------------	--	--------------------------	----------------

Refund Processed to: Credit Card State Warrant