

Change Your Details & Second Authority Form

PLEASE COMPLETE IN BLACK PEN ONLY

Business Accounts please complete this form on-line or provide any changes and/or requests in writing on company letterhead.

All other account holders, if you have any changes to your details, please complete, sign and return this form as per the fax/address at the bottom of this page.



MUST BE COMPLETED

E-way® Account Number:

OR

Tag Number:

Account Name:

What has changed? Complete the relevant section(s) below

Contact Details

Title

Family Name

Given Name

(Please note that any change of name requires proof. For more information please call our Customer Service Call Centre on 1300 555 833 between 8am and 6pm, Monday to Friday)

Location Address

Street Address

Suburb State Post-code

Postal Address (if different to above)

PO Box or Street Address

Suburb State Post-code

Contact numbers

H

W

Fax

Mob

Email Address

Second Authority to Operate Account

Name:

Date of Birth: / /

Mother's Maiden Name or a password

I acknowledge and accept the E-way® tag Terms and Conditions (stated or otherwise) and consent to the use of my personal information for the purposes outlined in those Terms and Conditions.

Signature

Date: / /

Once completed, please return this form either by fax (02) 9824 3988 or post to E-way®, Private Bag 78, Moorebank NSW 1875

If you need further assistance, please visit www.tollpay.com.au or call our Customer Service Call Centre on 1300 555 833.