



DriveEzMD.com 1-888-321-6824

Pay-By-Plate Application

Pay-By-Plate Account(s) contain the following features:

- No transponder required
- Valid credit card on file is required
- Only applies to Maryland toll facilities
- No prepaid account balance is required

Pay-By-Plate tolls are automatically billed to your credit card as you use Maryland Transportation Authority ("MDTA") toll facilities, with no need for a transponder in your vehicle. Each time you travel through a participating Maryland toll facility a camera takes a photo of your registered license plate on file. The DriveEzMD system then charges the toll to the credit card associated with your Pay-By-Plate account, as long as the vehicle's license plate is also associated to your account at the time of travel.

.No account balance is required.

As a DriveEzMD Pay-By-Plate customer, you are signing up for an account that must have a valid credit card on file before you travel. You are responsible for keeping your account information up to date. If you do not have a valid credit card on file, you will incur video tolls, which are billed at a higher rate. Video tolls are billed via a Notice of Toll(s) Due (Invoice) mailed to the registered owner of the vehicle in accordance with Maryland law. In order to receive the lowest toll rates, please signup for an *E-ZPass* Maryland Account.

IMPORTANT INFORMATION

Account updates and inquiries may be made at DriveEzMD.com, by phone at 1-888-321-6824, or by visiting an *E-ZPass* Maryland Customer Service Center to:

- Review account information regularly
- Update vehicle and payment information to prevent unpaid tolls and fees
- Update your address, email and cell phone information to ensure that mailings and other communications reach you

For *E-ZPass* Maryland Customer Service Center hours and locations, visit the website or call the Customer Information Center number at 1-888-321-6824.

Please note terms & conditions regarding *E-ZPass* transponders do not apply to Pay-By-Plate Accounts.



Customer Information Center
P.O. Box 5060
Middle River, MD 21220-5060

DriveEzMD.com
1-888-321-6824
711: MD Relay
Fax: 410-633-6618

DriveEzMD Pay-By-Plate*

(For use on E-ZPass Maryland Toll Facilities **ONLY**)

***Customers requiring the E-ZPass Maryland discount for frequent travel or for useout-of-state should sign up for a Private E-ZPass Maryland Account.**

PART 1. REQUIRED VEHICLE INFORMATION													
List each vehicle you would like registered to your account.													
License Plate Number as Shown on Registration Card (Please print clearly.)								License Plate State	Vehicle Year	Vehicle Make/Model	Vehicle Color	Plate Type	Axle Count

PART 2. CONTACT CONSENT	
I would like to receive my account information (Check One): <input type="checkbox"/> English <input type="checkbox"/> Spanish	
Delivery Method (Check One):	
<input type="checkbox"/> Email (must provide email address)	Email Address: _____
Upon providing a valid email address, you will receive a personal identification number (PIN) via email. This PIN can be used for the interactive voice response (IVR) system when calling the Customer Service number at 1-888-321-6824.	
<input type="checkbox"/> I agree to allow MDTA, DriveEzMD, E-ZPass Maryland to contact me via text message with account information. Noting that data rates may apply. (must provide mobile phone number)	Mobile Phone: _____

PART 3. PAYMENT INFORMATION	
(Check one option)	
Name on Credit Card: _____	
First Name	Last Name
Credit Card Type (Check One): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Credit Card Number: _____ / _____ / _____ Expiration Date: (Month / Year) _____ CVV: _____	
Billing Zip Code: _____	
I authorize DriveEzMD E-ZPass Maryland to charge my credit card immediately for the toll charge incurred. I understand and agree that such charges will continue until my DriveEzMD Pay-By-Plate Maryland account is terminated or until I revoke this authorization in writing.	
Cardholder Signature Required	Date

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Maryland Customer Service Center
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Middle River, MD 21220-5060

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PART 4. CUSTOMER SIGNATURE FOR APPLICATION AND TERMS & CONDITIONS

I have read and understand the terms and conditions of this agreement and affirm the information on this application is true and correct.

E-ZPass Applicant Signature Required

Date

OPTIONAL INFORMATION

First Name

- Mr.
- Mrs.
- Ms.

Last Name

MI

Suffix

Mailing Address

City

State

Zip

Driver's License Number or Government ID Number

DL State

Date of Birth

/ /

Additional Contact Only (You allow this individual to have access and make changes on the account, including closing the account.)

First Name

- Mr.
- Mrs.
- Ms.

Last Name

Suffix

MI