

Mackinac Bridge Authority Debit Account Application

Account Type:

Commercial Business

Individual

Governmental Agency

Other

Customer Information

Applicant's Name _____

Driver's License Number: _____ State/Prov. _____

Business Name: _____

FEIN/or equivalent: _____ Phone : _____ Fax: _____

Street Address: _____

City: _____ State: _____ ZIP/Postal Code: _____

Contact Information

Contact Person: _____

Title: _____ Phone Number: _____ Email: _____

Alternate Contact: _____

Title: _____ Phone Number: _____ Email: _____

Initial Deposit Calculation Worksheet

This optional worksheet is provided to help you determine your initial deposit.

- | | |
|--|-----------------|
| a. Total number of vehicles in fleet. | _____ |
| b. Total number of axles on all vehicles in fleet. | _____ |
| c. Average number of axles per vehicle. (b. / a.) | _____ |
| d. Estimated number of times your vehicles cross the bridge per week | _____ |
| e. Average tolls per week. (c. X d. X \$3.50) | \$ _____ |
| f. Six week average. (e. X 6) | \$ _____ |
| g. Number of Debit cards requested _____ X \$5.00 | \$ _____ |
| Total amount of initial deposit | \$ _____ |

The undersigned confirms that the information provided on this application is accurate, and agrees with all of the terms and conditions stipulated within the Mackinac Bridge Authority Debit Account Agreement.

Name of authorized signer: _____

Authorized signature: _____ Date: _____