

LAKE CHAMPLAIN TRANSPORTATION CO.



CHARGE CUSTOMER ACCOUNT CHANGE FORM

DATE _____ ACCOUNT# _____
 CUSTOMER _____ PHONE _____
 NAME _____
Person Requesting Change *Verified Authorized (LCT Initials)*

CHANGE(S) Change Representative Address/Phone Authorized Signers
Please check which changes are being requested with this form

CHANGE AUTHORIZED REPRESENTATIVE(S)

The authorized representative(s) is the only person who may make changes on behalf of the account, including address, email, and authorized signers.

ADD | DELETE _____
 ADD | DELETE _____

Sign here →
[Electronic form: Print, sign and fax or email from your domain](#) *Printed Name Authorizing Change*

INFORMATION

CURRENT INFO _____

 NEW INFO _____

Sign here →
[Electronic form: Print, sign and fax or email from your domain](#) *Printed Name Authorizing Change*

CHANGE AUTHORIZED SIGNERS

Authorized signers may be added or deleted at any time; please allow 48 business hours to process and update our ticketing stations. Signers may purchase ferry transportation.

ADD | DELETE _____
 ADD | DELETE _____
 ADD | DELETE _____
 ADD | DELETE _____

Sign here →
[Electronic form: Print, sign and fax or email from your domain](#) *Printed Name Authorizing Change*

Please email forms to receivables@ferries.com or fax to 802-864-6830.