Sign up for EasyPay Automatic Refills

(This application is for existing Reduced-Fare MetroCard customers only.)

Name | Social Security Number

Address | City

State | Zip Code | Phone Number

Payment Options (choose one)

1 **Credit Card** ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

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Credit/Debit Card Number | Expiration Date

I authorize MTA New York City Transit to charge this credit card for my EasyPay MetroCard refills.

Signature | Date

Card holder signature (if different)

(Do not send payment, your credit card will be charged.)

2 **Bank Account Debit** ☐ Checking (Attach blank check marked "void") ☐ Savings

Name of Bank | ☐☐☐☐☐☐☐☐☐☐☐☐ Account Number

I authorize MTA New York City Transit to debit this bank account for my EasyPay MetroCard refills.

Signature | Date

Account holder signature (if different)

(Do not send payment, your bank account will be debited.)

3 **Check or Money Order**

Enclosed is a check or money order for an initial payment of $10 payable to MTA EasyPay.

Signature | Date

Questions? Call 1-877-323-7433

I am a visually impaired customer and wish the following statement:
(check one) ❑ Large Type ❑ Braille