

Illinois Tollway Payment Plan Request

The payment plan should be received at least 10 days prior to the invoice due date.

Owner's Name(s): _____ Secondary Owner Name(s) _____

Owner's Current Address: _____ Apt _____

City, State, Zip: _____

Owner's Telephone Number: _____ Email Address _____

Have you filed for bankruptcy? Yes / No If yes, Case # _____ Is case open (Subject to Stay): Yes / No

Financial Information – Income and Expenses

Owner's Monthly Income: \$ _____ Additional Monthly Income: \$ _____ (include Public Assistance ex. WIC/SNAP)

Total Monthly Expenses: \$ _____

Unpaid Toll Information

Please list **all** license plates (include the plate number **AND** state) that you would like considered for this request.

Total amount due: \$ _____ Please look up your balance here: <https://www.getipass.com/notices#>

Payment Information

The Tollway allows for payment plans of up to 24 months to pay the entire amount. The Tollway uses your financial information, the amount you owe, and your proposed payment amount to determine the length of payment plan.

Proposed Payment Plan. Please choose **one**:

- Pay in full within 60 days
- Pay in full within 90 days
- Monthly Payments: Desired payment per month: \$ _____

I declare that all the information provided above is accurate and to the best of my knowledge the information is true, correct, and complete. This application may be denied if a previous pay plan was defaulted or if there is currently one in place. Further, I understand that, if approved, all payments must be on time. All processed violation invoices and unpaid tolls will be included in the payment plan; however, this may not be inclusive of all potential violation events for the requested license plate(s) either prior to or subsequent to the items included in this payment plan. If the payment plan cancels due to a missed payment or insufficient payment, my plan is subject to default, and will be sent a 3rd party collection agency. Once sent to collections, all communications for this a payment plan will occur between myself and the collection agency.

Signature: _____ Date: _____

Mail to: Illinois Tollway Attn: Customer Service – Payment Plans
2700 Ogden Avenue
Downers Grove, IL 60515

Email: Paymentplan@getipass.com

Official Use:

Approved by _____ Date _____ Terms: _____

Denied by _____ Reason: _____

Violation Account # _____

