

Authorization To Close And Refund Prepaid Card Balances

Rapid Financial Solutions

Send completed form to:

Print Name:

cardrefunds@rpdfin.com FAX: (435) 213-1523

OR

Rapid Financial Solutions P.O. Box 6425 North Logan, UT 84341

I hereby authorize Rapid Investments, Inc dba Rapid Financial Solutions to send checks or originate ACH (direct deposit) credit entries to the bank account at the depository financial institution named below.

The purpose is to refund balances remaining on prepaid debit cards. The name, address, partial Social Security number and card number(s), are listed below as verification that I am the proper custodian of these funds.

I understand that receipt of funds by ACH (direct deposit) credit or check will release Rapid Financial Solutions of any further obligation under the Terms and Conditions. I accept any applicable card closure fees. All fees are found on the website located on the back of the card.

Card Owner Name:			Birth Date:	
	Address:			
	City:	St Zip	Phone:	
Email:		Social Se	curity Number (last 4 o	digits) xxx-xx
Card #				
If you are requesting	g an ACH (direct de	eposit) Credit to a US b	ank account please	check here:
ACH (Direct Deposit): Cost - Free Refunds will be made to a valid U.S. bank account via ACH (direct deposit) credit within 3-7 business days of Rapid Financial Solution's receipt of this form. Recipient Bank Name:				
Routing Trar	nsit Number (RTN)			
Bank Accou	nt Number			
Name of the owner of this Bank Account				
Paper Check:	: Cost - See Term your refund to be sei	ease check here: ns and Conditions nt as a paper check to the Rapid's receipt of this fo		
1		de out: e mailed: Street:		Attn:
				Zip:
Check memo (IE. Cardholder name, Card #, Client #) :				