

Print Name: ___

Funds Transfer Request Form

Send completed form to:

Rapid Financial Solutions

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

Rapid Financial Solutions

OR P O Box 6425

North Logan, Utah 84341

Date: ___

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

The purpose is to receive the full balances of funds from your prepaid debit card. Please complete the form according to which method of payment you choose to receive your funds. 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. All of these options are at no charge to you.

I understand that receipt of funds by ACH (direct deposit) credit, PayPal or check will release Rapid Financial Solutions of any further obligation under the Terms and Conditions.

Card Owr	ard Owner Name:														В	Birthday: / /					
Address:																					
City:							State:									Zip:					
Phone:																					
Social Sec	curity Num	ber (L	ast 4	digits) xxx-	XX															
						1						1								_	
	CARD#																				
	If you	are red	questi	ng an	ACH	(direc	t dep	osit,) Cre	edit t	o a U	S ban	k acc	ount p	oleas	se c	heck	here	:		
Funds wi	irect Dep II be sent to s receipt of	a valid	l .2.U b	= No pank a	Cha accou	irge nt via	ACH ((dire	ct de	epos	it) cre	dit wi	thin 2	-3 bus	ines	s da	ays of	^f Rapi	d Fin	ancial	
Recipient Bank Name:																					
Routing Transit Number:																					
Bank Account Number:																					
Name of the owner of this Bank Account:																					
If you are requesting a paper check, please check here:																					
Paper Check: Cost = No Charge Funds will be sent as a paper check to the Card Owner's address listed above. Check will be mailed within 3-5 business days of Rapid Financial Solution's receipt of this form.																					
To whom should the check be made out:													_ A	Attn:							
Check Memo: (IE. Cardholder name, Card #, Client #):																					
If you are requesting a transfer to your PayPal account, please check here:																					
Funds wil	Cost = No I be sent to this form.	Char your P	ge ayPal	accou	nt list	ed be	low. F	und	s wil	ll be s	sent v	/ithin	2-3 bı	usines	s day	ys o	of Rap	oid Fir	nanci	al Solı	ution's
Pay	Paypal Email address: Mobile Number:																				
*Note: Name on PayPal account must match Card Holder name.																					
	If you n	eed ad	dition	ıl supp	ort fil	ling ou	ıt this	form	ple	ase co	ontact	a cus	tomer	suppo	rt ag	ent	at 87	7-287	-2448	3.	

Signature: ___