



Funds Transfer Request Form

Send completed form to: **Rapid Financial Solutions** **Rapid Financial Solutions**
 cardrefunds@rpdfin.com **OR** P O Box 6425
 FAX: (435) 213-1523 North Logan, Utah 84341

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 Owner Name: _____ Birthday: ____ / ____ / ____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ - _____ - _____ Email: _____
 Social Security Number (Last 4 digits) xxx-xx-_____

CARD #																				
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If you are requesting an ACH (direct deposit) Credit to a US bank account please fill out under here:

ACH (Direct Deposit): Cost = No Charge																
Funds will be sent to a valid U.S. bank account via ACH (direct deposit) credit within 2-3 business days of Rapid Financial Solution's receipt of this form.																
Recipient Bank Name:	_____															
Routing Transit Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															
Bank Account Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															
Name of the owner of this Bank Account:	_____															

If you need additional support filling out this form please contact a customer support agent at 877-287-2448.

Print Name: _____ Signature: _____ Date: _____



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Card Owner Name: _____ Birthday: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Email: _____

Social Security Number (Last 4 digits) xxx-xx-____

CARD #																			
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If you are requesting a paper check, please fill out under here:

<p>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.</p> <p>To whom should the check be made out: _____ Attn: _____</p> <p>Check Memo: (IE. Cardholder name, Card #, Client #): _____</p> <p>_____</p>

If you need additional support filling out this form please contact a customer support agent at 877-287-2448.

Print Name: _____ Signature: _____ Date: _____