



Funds Transfer Request Form

Send completed form to: **Rapid Financial Solutions** **OR** **Rapid Financial Solutions**
cardrefunds@rpdfin.com 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 a transfer to your PayPal account, please fill out under here:

<p>PayPal: Cost = No Charge Funds will be sent to your PayPal account listed below. Funds will be sent within 2-3 business days of Rapid Financial Solution's receipt of this form.</p> <p>Paypal Email address: _____ Mobile Number: _____ - _____ - _____</p> <p><i>*Note: Name on PayPal account must match Card Holder name.</i></p>

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

Print Name: _____ Signature: _____ Date: _____