



# 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 # |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

If you are requesting an ACH (direct deposit) Credit to a US bank account please check 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: 

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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: \_\_\_\_\_ Attn: \_\_\_\_\_

Check Memo: (IE. Cardholder name, Card #, Client #): \_\_\_\_\_

If you are requesting a transfer to your PayPal account, please check here:

**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.

Paypal Email address: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Note: Name on PayPal account must match Card Holder name.

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

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_