



Clarify case #

Emerald Card Transfer Request

Request is used for transferring funds from an H&R Block Emerald Prepaid

MasterCard to:

- ✓ Another H&R Block Emerald Prepaid MasterCard, or
- ✓ Another Financial Institution

Mail or FAX completed form to:

H&R Block Bank FAX: 816-817-0956
P.O. Box 10170
Kansas City, MO 64171-0170

Account Information		
First Name	Middle Initial	Last Name
Social Security Number:	Home Phone:	Cell:
Emerald Card Number (16-digit):		
Transfer Amount		
Transfer Amount of \$ _____		
<p>- Processing fees will be deducted from the transfer amount if there are not enough funds remaining in the account to cover the fee.</p> <p>- Funds will not be transferred on any pending transactions/authorizations.</p>		
Transfer Method		
<p>Please debit the above Emerald Card Account and transfer funds using one of the following methods: (please check appropriate box and provide all requested information):</p> <p>- Note: you are unable to load funds to your Emerald Card Account by using any of these transfer methods.</p>		
<input type="checkbox"/> Credit an existing H&R Block Emerald Prepaid MasterCard _____ <div style="text-align: right; margin-left: 400px;">Emerald Card Number (16-digit)</div>		
<input type="checkbox"/> Credit my account with another Financial Institution. <p>- If applicable, a \$20.00 fee will be assessed for processing this type of request.</p> <p>- A voided check must be provided along with the request</p> <p>- Please be advised that we will only guarantee to follow your instructions for this process in transferring the funds to the account you so designate. No ownership authorizations or verifications of the receiving account will be conducted.</p>		
_____	_____	_____
<i>Financial Institution</i>	<i>Type of Account</i>	<i>Routing Number (9-digit)</i>

<i>Account Number</i>		
<input type="checkbox"/> Mail a check to my address of record: <p>- If applicable, a \$20.00 fee will be assessed for processing this type of request.</p> <p>- If the address of record has changed since your Card Account was opened, you must first complete a change of address notice before we will be able to process the check request.</p>		
Signatures		
_____		_____
Account Owner Signature		Date

Instructions

- Mail or FAX the completed form to:

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PO Box 10170
Kansas City, MO 64171-0170

FAX: 816-817-0956

Please note that we may need to contact you in order to process your request. Please be certain to include your most recent contact information.