

CHECK REFUND REQUEST OF PREPAID CARD BALANCE

Return Form Either Via:

Mail: First Century Bank
PO Box 210
Commerce, GA 30529

-OR-

Fax: 706-335-8274

I hereby authorize First Century Bank to issue a refund check for the remaining balance on my current prepaid card account which closed on September 30, 2019. My name, address, date of birth, partial Social Security number and card number(s) are listed below as verification that I am the proper recipient of these funds.

So we can identify you and your account, please enter your 16 digit prepaid card number below:

Full Prepaid Card Number																			
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Prepaid Card Owner Name: _____
First (Please Print) Last (Please Print)

Address: _____
Street (or PO Box) Apartment (or Unit Number)

City State Zip

Contact Information: () _____
Phone Number Email Address

Verification Information:

Date of Birth (MM/DD/YYYY) XXX-XX
Social Security Number (last 4 digits)

Refund checks will be processed within 30 days of receipt of this form and will be delivered via US Mail. I understand that my receipt of these funds will release First Century Bank of any further obligation under the Terms and Conditions associated with my closed prepaid card.

SIGNED AND ACKNOWLEDGED BY:

Signature Date