

H&R Block Emerald Advance® Automatic Payment Request

Mail or FAX completed form to:

Emerald Financial Services, LLC FAX: 800-867-5064
P.O. Box 10170
Kansas City, MO 64171-0170

Account Information

First Name:	Middle Initial:	Last Name:
Social Security Number:	Home Phone:	Cell Phone:
Emerald Advance Account Number (16-digit): 7 7 1 4 0 0 □ □ □ □ □ □ □ □ □ □	Email:	

Optional Automatic Payment Plan

Pathward, N.A. offers an optional automatic payment plan that is a convenient way for you to make the required minimum monthly payments on your Emerald AdvanceSM and help you avoid late charges. You are not required to use the automatic payment plan to obtain or maintain your Emerald Advance – it is completely voluntary.

To take advantage of this optional payment plan, please check the box below. By checking the box below, you authorize us to make each monthly required minimum payment on your behalf from other accounts with us by: first, deducting available funds from the Card Account associated with your H&R Block Emerald Prepaid Mastercard® (Card); second (if necessary), deducting available funds from your H&R Block Emerald Savings® Account; and third (if necessary), deducting available funds from other accounts that may be accessed through the Card or Card Account. Payments will be made on your behalf to the extent that funds are available. You may terminate this authorization by notifying us in writing at least three (3) business days before the due date of your next required minimum payment. If you elect to pay by recurring electronic fund transfers (EFTs), we will provide at least 10 days advance written notice of any payment that varies from the amount you have authorized. Please refer to your periodic statements for information regarding subsequent changes in your scheduled payment amounts. Note: Optional Automatic Payment Plan may not be used for payment of the line down to zero. Please see your Emerald Advance Terms and Conditions for alternative methods to conduct the pay down.

Authorization

Yes, I want to use the optional automatic payment plan and I authorize you to make payments on my behalf as described above

By signing below, I confirm that the information set forth is true and correct and confirm my Optional Automatic Payment Plan election above.

X

Account Owner Signature

Date

Instructions

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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.