H&R BLOCK bank

Clarify case #

Emerald Advance
Automatic Payment Request

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 Advance Account Number (16-digit):

Optional Automatic Payment Plan

H&R Block Bank offers an optional automatic payment plan that is a convenient way for you to make each monthly required Minimum Payment on your Emerald Advance and help you avoid late charges. You are not required to use the automatic payment plan to maintain your Emerald Advance – it is completely voluntary.

If you would like to take advantage of this optional plan, check the box below. By checking the box below, you authorize us to make each required Minimum Payment on your behalf by: first, deducting available funds from your Card Account; second (if necessary), deducting available funds from your Emerald Savings Account; and third (if necessary), taking an advance against any available credit on your Emerald Advance. 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 business days before the due date of your next required Minimum Payment.

Authorization

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

By signing below, I hereby acknowledge receipt of a copy of this authorization and I confirm that the information set forth is true and correct.

_____ _____
Account Owner Signature Date

Instructions

- Mail or FAX the completed form to:
  H&R Block Bank FAX: 816-817-0956
  PO Box 10170
  Kansas City, MO 64171-0170
  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.