Form Approved
OMB No. 3220-0169

REPAYMENT BY CREDIT CARD

07/05/2006

Choose Name ***Choose Number*** **Amount of Overpayment**

If you choose to repay by credit card, please fill in all the information requested below. Return this form in the envelope we have provided. You may pay this debt online at WWW.RRB.GOV under Benefit Online Services.

Credit Card Holder Name As It Appears On The Credit Card:

First Name Middle Initial Last Name

Credit Card Holder Address:

Number and Street _____

City _____ **State** _____ **ZIP Code** _____

Daytime Telephone Number: Area Code _____ Telephone Number _____

Charge To My Credit Card: ☐ VISA ☐ MasterCard ☐ DISCOVER ☐ American Express

Credit Card Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Credit Card Expiration Date: Month _____ Year _____

Amount Charged: $ _____

Credit Card Holder Signature: _____

Date Signed: _____/_____/_____

PRIVACY ACT STATEMENT

OUR AUTHORITY FOR REQUESTING CREDIT CARD INFORMATION FROM YOU IS SECTIONS 7(B)(1) AND 7(B)(3) OF THE RAILROAD RETIREMENT ACT AND SECTIONS 12(A) AND 12(L) OF THE RAILROAD UNEMPLOYMENT INSURANCE ACT. IF YOU SELECT THE CREDIT CARD REPAYMENT METHOD, WE WILL USE THE CREDIT INFORMATION TO EFFECT THE REPAYMENT OF THE DEBT BY CHARGING YOUR CREDIT CARD ACCOUNT. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION TO US; HOWEVER, IF YOU SELECT THE CREDIT CARD METHOD FOR REPAYMENT OF YOUR DEBT AND FAIL TO FURNISH THIS INFORMATION, WE WILL NOT BE ABLE TO EFFECT REPAYMENT THROUGH THIS METHOD.

PAPERWORK REDUCTION ACT NOTICE

WE ESTIMATE THIS FORM TAKES AN AVERAGE OF 5 MINUTES PER RESPONSE TO COMPLETE, INCLUDING THE TIME FOR REVIEWING THE INSTRUCTIONS, GETTING THE DATA AND REVIEWING THE COMPLETED FORM. FEDERAL AGENCIES MAY NOT CONDUCT OR SPONSOR, AND RESPONDENTS ARE NOT REQUIRED TO RESPOND TO, A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB NUMBER. IF YOU WISH, SEND COMMENTS REGARDING THE ACCURACY OF OUR ESTIMATE OR ANY OTHER ASPECT OF THIS FORM, INCLUDING SUGGESTIONS FOR REDUCING COMPLETION TIME TO: CHIEF OF INFORMATION RESOURCES MANAGEMENT, RAILROAD RETIREMENT BOARD, 844 N. RUSH STREET, CHICAGO, IL 60611-2092.

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Number: *Date:* *Name:* *Date:*