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 Cr	edit Card:	
First Name Credit Card Holder	Middle Initial Address:	Last Name	
Number and Street			
City		State	ZIP Code
			. <u> </u>
Charge To My Cred	it Card: 🗌 VISA 🗌 Mas	terCard	VER
Credit Card Number	r:		
Credit Card Expirati	ion Date: Month	Year	_
Amount Charged:	\$		
Credit Card Holder	Signature:		<u> </u>
Date Signed:			
RETIREMENT ACT AND SE CARD REPAYMENT METHO CREDIT CARD ACCOUNT.	QUESTING CREDIT CARD INFORMATION F ECTIONS 12(A) AND 12(L) OF THE RAILR DD, WE WILL USE THE CREDIT INFORMAT YOU ARE NOT REQUIRED TO FURNISH T YMENT OF YOUR DEBT AND FAIL TO FUR	OAD UNEMPLOYMENT INSU ION TO EFFECT THE REPAY HIS INFORMATION TO US; H	RANCE ACT. IF YOU SELECT THE CREDIT MENT OF THE DEBT BY CHARGING YOUR OWEVER, IF YOU SELECT THE CREDIT
11/		DUCTION ACT NOTICE	WALLED TO THE TIME FOR DEVIEWING
THE INSTRUCTIONS, GETT SPONSOR, AND RESPOND OMB NUMBER. IF YOU W FORM, INCLUDING SUGGE	TAKES AN AVERAGE OF 5 MINUTES PER TING THE DATA AND REVIEWING THE COM- PENTS ARE NOT REQUIRED TO RESPOND VISH, SEND COMMENTS REGARDING THE ISTIONS FOR REDUCING COMPLETION THE BOARD, 844 N. RUSH STREET, CHICAG	MPLETED FORM. FEDERAL TO, A COLLECTION OF INFO ACCURACY OF OUR ESTIMA ME TO: CHIEF OF INFORMA	AGENCIES MAY NOT CONDUCT OR DRMATION UNLESS IT DISPLAYS A VALID ATE OR ANY OTHER ASPECT OF THIS
	DO NOT WRITE IN THIS	SPACE - OFFICE USE	ONLY
Number:	Date:	Name:	Date: