

REPAYMENT BY DEBIT CARD

| *Choose One* | Bill Doc ID | Amount of Overpayment |
|--------------|-------------|-----------------------|
| | | |

Either fill in all the information requested below and return this form in the enclosed envelope or pay the RRB debt online through <https://secure.rrb.gov/onlinebillpayment>.

| | | | |
|---|---|----------------------|-------|
| Debit Card Holder's Name <i>(As It Appears On The Debit Card)</i> | <i>First Name, Middle Initial, and Last Name</i> | | |
| Debit Card Holder's Address | <i>Number and Street</i> | | |
| | <i>City, State, and ZIP Code</i> | | |
| Daytime Telephone Number | (____) _____ - _____ | | |
| Type of Debit Card | <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> DISCOVER <input type="checkbox"/> American Express | | |
| Debit Card Number | _____ | | |
| Debit Card Expiration Date | ____/____ | Security Code | _____ |
| | <i>Month</i> | <i>Year</i> | |
| Amount Charged | \$ _____ | | |

By signing this form, you are authorizing the Railroad Retirement Board to process the request as completed above.

Debit Card Holder's Signature

Date Signed

Paperwork Reduction Act and Privacy Act Notices

Our authority for requesting debit 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 debit card repayment method, we will use the debit information to effect the repayment of the debt by charging your debit card account. You are not required to furnish this information to us; however, if you select the debit card method for repayment of your debt and fail to furnish this information, we will not be able to effect repayment through this method.

We estimate this form takes an average of 5 minutes per response to complete, including the time for reviewing the instructions, getting the needed 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: Associate Chief Information Officer for Policy and Compliance, Railroad Retirement Board, 844 N. Rush Street, Chicago, IL 60611-1275.