SWISS BANKERS

Order for the repayment of card balance

This form must be filled out, signed and submitted **by the cardholder.** Processing can take up to four weeks. Alternatively, the balance on active cards can be reclaimed free of charge via the Swiss Bankers app or depleted through further use of the card.

Please note the following points:
- A handling fee of CHF/USD/EUR 20 **per card** is charged. No payment will be made if the available balance is equal to or lower than the processing fee. In such cases, the card will be cancelled and the remaining balance will be credited to the Bank.
- Please indicate for **each card** the payment account to which the balance is to be transferred.
- The card balance is generally refunded to a Swiss bank account held in the cardholder's name. The bank accepts no liability for refunds paid into third-party accounts unless required otherwise by law.
- The card is closed after repayment of the card balance, unless continuation is expressly requested.

Details about the cards

Please enter only **the first four and last four digits** of the card number for up to five cards and indicate whether the prepaid card should be **closed after the residual balance has been paid out.**

Card 1 — Closure after payment

_ _ _ _	X X X X	X X X X	_ _ _ _

● Yes ☐ No

Card 2

_ _ _ _	X X X X	X X X X	_ _ _ _

● Yes ☐ No

Card 3

_ _ _ _	X X X X	X X X X	_ _ _ _

● Yes ☐ No

Card 4

_ _ _ _	X X X X	X X X X	_ _ _ _

● Yes ☐ No

Card 5

_ _ _ _	X X X X	X X X X	_ _ _ _

● Yes ☐ No

Swiss Bankers
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3506 Grosshöchstetten
Switzerland

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info@swissbankers.ch
swissbankers.ch

Cardholder details

Title: ☐ Ms ☐ Mr

First name: _____ Name: _____

Date of birth (dd.mm.yyyy): . . _____ Nationality: _____

Street/house no.: _____

Postcode/city, country: _____

E-mail: _____ Phone: _____

Details for bank transfers

Please ensure that all account numbers (IBAN) indicated are correct and that the respective accounts are not closed before repayment has been made. Please indicate for each payment account **the card(s)** for which the respective credit is to be transferred to the account.

Payment account in CHF

☐ Card 1 ☐ Card 2 ☐ Card 3 ☐ Card 4 ☐ Card 5

IBAN: _____

Name of bank: _____

City, country: _____

BIC/SWIFT/bank code (if account outside of Switzerland): _____

Payment account in EUR

☐ Card 1 ☐ Card 2 ☐ Card 3 ☐ Card 4 ☐ Card 5

IBAN: _____

Name of bank: _____

City, country: _____

BIC/SWIFT/bank code (if account outside of Switzerland): _____

Payment account in USD

☐ Card 1 ☐ Card 2 ☐ Card 3 ☐ Card 4 ☐ Card 5

IBAN: _____

Name of bank: _____

City, country: _____

BIC/SWIFT/bank code (if account outside of Switzerland): _____

Details of beneficiary (if different from cardholder)

Title: ☐ Ms ☐ Mr

First name: _____ Name: _____

Nationality: _____

Street/house no.: _____

Postcode/city, country: _____

Please justify the repayment of the credit balance in favour of the beneficiary and what your relationship is to the cardholder:

_____

_____

_____

Reason for cancellation

If you wish to cancel your card(s), please indicate the reason.

- ☐ No intended use
- ☐ Product change
- ☐ The app does not meet expectations
- ☐ Product/Service does not meet expectations
- ☐ Fee model does not meet expectations

Other reason: _____

Your checklist
– The form has been fully completed and signed
– All cards are listed along with the first four and the last four digits
– A payment account is noted for each card
- If the beneficiary is different, the respective information is provided in full
– A valid ID or passport copy of the cardholder is attached

By signing below, you confirm that all required documents have been enclosed. Repayments can only be processed if the **form is completely filled out.**

Please send this form and additional documents **by e-mail** to info@swissbankers.ch **or by post** to Swiss Bankers Prepaid Services Ltd, Customer Service, Kramgasse 4, 3506 Grosshöchstetten.

Place, date: _____ Signature: _____