

PayLife prepaid cards

request for card closure or refund of outstanding balance



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Please send this form to the PayLife Service Center or via E-Mail to service@paylife.at.

1 I hereby apply

- for the closure of my prepaid card(s) (number of cards: _____) including the refund of the outstanding balance
 for the refund of the outstanding balance for my prepaid card(s) (number of cards: _____) without closure

2 Cardholder Details

Ms Mr Title: _____

First name(s) and Last name: _____ Date of birth: _____ (DD/MM/YY)

For further enquiries: E-mail: _____

Mobile phone number: _____

3 PayLife prepaid card details

Prepaid card number _____ valid until: _____ (DD/MM/YY)

Card bought on: _____ (DD/MM/YY) Where (sales outlet): _____

Reason for closure (you may list multiple reasons)

No longer needed Card is defective

Not satisfactory, because: _____

Other: _____

What was/were the card(s) used for?

4 Refunding the outstanding balance

I hereby apply for the outstanding balance to be refunded to the following account:

Account holder: _____

Account within the Single Euro Payments Area (SEPA):

IBAN _____

BIC _____

Account outside of the Single Euro Payments Area (SEPA):

Account number _____

Bank code _____

5 To be signed by the card holder

I confirm that all the details contained herein are correct and accept the administration charge incurred from refunding of the balance in accordance with the general terms and conditions of the PayLife Prepaid Cards.

The refund is free within one year after the expiration date of the prepaid card.

Place, Date

Signature of card holder

6 To be signed by the company

If you obtained the PayLife Prepaid Card from your employer, please have the form signed by an authorised person from your company before you send it to the PayLife Service Center.

Authorised signature:

Stamp (or company name in block capitals) and signature