



WITHDRAWAL / DISTRIBUTION REQUEST FORM

Check box for account closing

Initial here: _____

Account Number: _____ **Account Type:** _____

Account Name: _____

Per the terms of the account above, please issue the following distribution:

Distribution Amount: \$ _____

Frequency: One Time Monthly Quarterly

Payment Options:

1. **Mail** or **Pick Up Check**

Client Name (print)

Telephone Number

Street Address

City, State, Zip

2. **Direct Deposit**

Checking Account or **Savings Account**

Financial Institution Name

Account Number

Street Address

Transit Routing Number

City, State, Zip

Telephone Number

IMPORTANT: *For checking accounts, please enclose a voided check with the correct account number.
Do not send a deposit slip.*

Signature*

Date

Signature*

Date

**All account owners must sign*