

# Withdrawal Request Form



420 W. Germantown Pike, East Norriton, PA 19403

Account Name \_\_\_\_\_

Account No. \_\_\_\_\_ Amount Requested \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_

Print Full Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Full Name #2 (if applicable) \_\_\_\_\_

Authorized Signature #2 (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**\*\*If you desire funds to be transferred electronically, please fill out an *ABF Direct Deposit Form*.**