

# 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 \_\_\_\_\_

**\*\*IMPORTANT\*\***

**ABF requires voice confirmation for withdrawals greater than \$35,000**

**If you desire funds to be transferred electronically, please complete and return an *ABF Direct Deposit Form*.**

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**ABF OFFICE USE ONLY:** Confirmed account details via outgoing call to authorized phone number on file.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_