



# Business Withdrawal Request Form

**Please complete, sign and return pages 1 and 2 of this form via mail or fax.**

**Mail to:** REALTORS<sup>®</sup> Federal Credit Union, Attn: Business Services  
9707 Key West Ave. Suite 201  
Rockville, MD 20850

**Fax to:** REALTORS<sup>®</sup> Federal Credit Union, Attention: Business Services  
301.355.6845

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Business Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

**WITHDRAWAL FROM (check all that apply)**

- Primary Savings \$ \_\_\_\_\_
- Money Market Savings \$ \_\_\_\_\_
- Certificate # \_\_\_\_\_ \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

**PAYABLE BY (check all that apply)**

- Cashier's Check \$ \_\_\_\_\_
- Outgoing Wire *(Complete section below)* \$ \_\_\_\_\_

Payable to: (Name on Receiving Account) \_\_\_\_\_ Account # \_\_\_\_\_

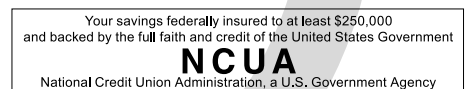
Address (of Receiving Account) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_ ABA Routing/Transit# \_\_\_\_\_ Special Routing Instructions \_\_\_\_\_

Address of Financial Institution \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

You may identify the payee or any financial institution by name and by account number (or ABA routing number). The Credit Union (and other institutions) may rely on the member or other identifying number as the proper identification, even if it identifies a different party or institution. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J.

**You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. Refer to fee schedule available on REALTORSFCU.ORG.**





# Business Withdrawal Request Form

**TRANSFERS** *(Between Your Business RFCU Share Accounts)*

From	To	Amount
Account Type	Account Type	\$
Account Type	Account Type	\$

**Additional withdrawal instructions:** \_\_\_\_\_  
\_\_\_\_\_

Authorized Signer # 1 Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

Authorized Signer # 2 Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_

**FOR INTERNAL USE ONLY**

_____/_____/_____ Date Form Received	_____ REALTORS <sup>®</sup> FCU Employee	_____/_____/_____ Processed Date
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