H&R BLOCK® bank

Certificate of Deposit Redemption Request

Mail or FAX completed forms to:
PO Box 2569, Omaha, NE 68103
Fax: 866-812-3144

Questions? Call us at 1-888-OUR-HRBB

Account Owner

First Name (Print Clearly)

Last Name (Print Clearly)

Contact Phone Numbers:

Account Number:

SSN/TIN:

Payment Instructions

Required: Redemption Amount

☐ All, at Maturity **OR** ☐ All, Early Redemption (Early redemption may result in a substantial penalty)

Method of Payment

☐ Mail check via regular mail to the following address (Please allow 10-14 days for delivery)

☐ Express check to the following address ($25.00 fee will apply. Please allow 2-3 business days for delivery)

Street (Print Clearly)

City

State Zip

☐ Create a one time ACH (Please allow 3-5 business days for delivery)

Account# (Print Clearly)

Routing (RTN) #

Required: Please indicate the correct account type

☐ Checking ☐ Savings

A **VOIDED CHECK** or letter on bank stationery confirming account title, account number, account type, and routing number is required. Deposit slips and bank statements will not be accepted. H&R Block Bank is not liable for problems or delays caused by inaccurate or incomplete information provided by you on this CD redemption form. Accordingly, we ask that you review the form again to ensure that it contains accurate information for your CD redemption request.

Required

X _____

Account Owner Signature **Date**