H&R BLOCK® bank

Account Withdrawal Request

for Checking, Savings, & Money Market accounts

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: Withdrawal Amount

☐ ALL **OR** ☐ $

(Full withdrawal will automatically close your account and any scheduled ACH transfers.)

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 form.

Required

X _____

Account Owner Signature **Date**