



Please do not write or staple above this area. This area is reserved for bar code and processing.

Clarify case #

Withdrawal Request

For withdrawing funds from an H&R Block Bank Checking, Savings, Money Market or CD Account.
(To withdrawal money from an IRA, use IRA Disbursement Request Form)

Mail or FAX completed form to:
H&R Block Bank FAX: 816-572-6160
P.O. Box 10364
Kansas City, MO 64171-0364

Account Information			
First Name	Middle Initial	Last Name	
Social Security Number:	Home Phone:	Cell:	
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Certificate of Deposit			Account Number
Withdrawal Amount			
Withdrawal (check one of the following):			
<input type="checkbox"/> Partial withdrawal of \$ _____			
<input type="checkbox"/> Full withdrawal			
<ul style="list-style-type: none"> - Full withdrawal will automatically close your account and any scheduled ACH transfers. - Closing a checking, savings or money market account that has been open for less than 180 days will incur a \$25 charge. - Penalties may apply to early withdrawals from a certificate of deposit. 			
Payment Method			
Please send funds to me using (check one of the following):			
<input type="checkbox"/> Regular mail to _____			
	Street	City	State Zip Code
<input type="checkbox"/> Transfer to an existing account _____			
	Financial Institution	Type of Account	Routing Number (9 digits) Account Number
<input type="checkbox"/> Overnight mail (\$15 fee) to _____			
	Street	City	State Zip Code
Signatures			
_____		_____	
Account Owner Signature		Date	

Instructions

- Complete the information in the withdrawal request above.
 - If transferring funds to an existing account, be sure to provide accurate information.
 - You can transfer funds to another account held at the H&R Block Bank or other financial institution.
 - Indicate whether the account is a "checking" or "savings" account in the type of account field
 - Include a voided check if transferring into an existing checking account.
 - There is a \$15 fee for overnight mail. Please allow 2-3 business days for processing.
- Mail or FAX the completed form to:

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FAX: 816-572-6160
- Please note that we may need to contact you in order to process certain types of requests (e.g., mail to addresses not on file, transfers to accounts at other financial institutions).