

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.*