H&R BLOCK® bank

Savings Withdrawal Form

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

Questions? Call us at 1-866-OURHRBB

Account Owner

First Name (Print Clearly)

Last Name (Print Clearly)

Contact Phone Numbers:

Account Number:

SSN/TIN:

Payment Instructions

Required: Distribution Amount

☐ All **OR** ☐ $

(If amount is not selected a full balance distribution will be processed. If the amount requested is greater than the account balance at time of request, an amount equal to the balance will be paid)

Method of Payment

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

☐ Overnight Check to the following address ($25.00 fee will apply)

Street (Print Clearly)

City

State Zip

☐ Create a one time ACH to be deposited into my checking or savings account (Please indicate the correct account type)

Account# (Print Clearly)

Routing (RTN) #

☐ Checking ☐ Savings

A voided check or letter on bank stationery confirming account title, account number and routing number is required. Deposit slips and bank statements will not be accepted.

Required

X _____

Account Owner Signature **Date**