



Check Request Form

Please fax to: Cashiering Dept at 212-279-7805

Account Holder Information

Account title: _____

Account number: _____

Amount of Check: _____

Reason for Check: _____

If this withdrawal is to also serve as an account closure, your signature below will serve as a formal notice of intent and understanding that there may also be a data feed assessed to your account before the funds are distributed.

Signature: _____ **Date:** _____

Signature (Joint holder) _____ **Date:** _____
