

SAVINGS ACCOUNT WITHDRAWAL REQUEST



IN Loan & Savings Ministry, LLC
8401 Fishers Center Drive • Fishers, IN 46038-2318
317.788.7879 • 877.391.8811 • www.umls.org

Date: _____

Acct. # _____ Name on Account: _____

Address: _____

Amount to withdraw _____ Dollars \$ _____ Dollars Cents
(Write amount in words)

I hereby certify that all persons in whose name this account stands are now living.

Signature(s): _____

Keep this copy for your records.

Print Name: _____



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Return this copy to the office.
OFFICE COPY

Print Name: _____

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Return this copy to the office.
CUSTOMER COPY, returned with check.

Print Name: _____