

Savings Withdrawal Request

A. Please fill in your information below.

Name:

Address*:

Account Number:

Contact Phone:

**If the address listed differs from your address on file with us or if you have updated your address within the last 30 days, please attach a current utility bill or government-issued ID reflecting the new address or your request may be subject to a delay*

B. Payment Instructions.

Balance of Account OR Amount of Withdrawal: \$

(Full withdrawal will automatically close your account)

Method:

- Mail check via regular mail to the address on file
 Mail check via certified mail to the address on file (\$10.00 + postage fee - Tracking information available)
 Mail check overnight to the address on file (\$10.00 + postage fee - Tracking information available)

***Wire Transfer Request Form available at <https://www.axosbank.com/customer-support/online-banking-forms>*

C. Acknowledgement

Signature

Date

Printed Name

Complete and send the form to:

Secure Message: Log onto Online Banking, click Support, under the Contact Us section, click Secure Forms to upload your document.

Mail to: Deposit Operations
Attn: Daily Processing
P.O. Box 911039
San Diego, CA 92191-1039

Fax: (858) 350-0443

Questions? Should you have any questions, please call us at (888) 502-2967.