

To withdraw funds or close an account, please submit a signed and completed form via fax or email to the fax number or email address provided below. Your request will be processed within 2 business days of receipt.  
Please complete carefully to avoid errors or delays in processing. PFD will not be responsible for errors made by the account holder.  
\*Requests to transfer funds to third party will not be processed.

**Customer Information**

Date: (dd/mm/yy)	<input type="text"/>	Withdrawal Amount in USD:	<input type="text"/>
Account No. :	<input type="text"/>	Identification No:	<input type="text"/>
Purpose of Remittance:	<input type="text"/>		
Account Holder Name:	<input type="text"/>		
Account Holder Mailing Address:	<input type="text"/>		
City:	<input type="text"/>	Postal/Zip Code:	<input type="text"/>
		Country:	<input type="text"/>
Telephone:	<input type="text"/>	Email:	<input type="text"/>

**Beneficiary Bank**

Bank Name:	<input type="text"/>	Bank Account #:	<input type="text"/>
ABA# or Swift Code:	<input type="text"/>	Beneficiary Name:	<input type="text"/>
Bank Address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Country:	<input type="text"/>

**Intermediary Bank \*\* (International Wires MUST HAVE a U.S. correspondent bank for transfers to be processed)**

Bank Name:	<input type="text"/>	Bank Account #:	<input type="text"/>
ABA# or Swift Code:	<input type="text"/>	Beneficiary Name:	<input type="text"/>
Bank Address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text"/>	Country:	<input type="text"/>

**Method of Withdrawal Requested**

<input type="checkbox"/> Credit/Debit Card	<input type="checkbox"/> Wire Transfer (Bank fee will apply from remittance bank and intermediary bank)
Do you wish to close your account?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO (US\$100 minimum balance to maintain open account status)

Primary Account Holder Signature	Joint Account Holder Signature
<input type="text"/>	<input type="text"/>
Date	Date
<input type="text"/>	<input type="text"/>

<b>FOR OFFICE USE ONLY</b>	
Client Signature Verified By	<input type="text"/>
Name	<input type="text"/>
Date	<input type="text"/>
Form	<input type="text"/>