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ORGANIZATION WITHDRAWAL REQUEST

(To fully or partially withdraw from an investment)

Organization's Name:		
Phone Number: Email:		
Check one: Partial Withdrawal Amount \$		
\square Close investment and withdraw total balance		
Investment Number: (Not your certificate number. If unsure of your investment number, please contact us)		
If a Demand Certificate (your invstement number starts with 2-XXXXX), please attach the original certificate(s) endorsed by the owners on the back. If you cannot locate the original certificates, please contact us.		
The undersigned hereby acknowledges and understands that an early redemption penalty equal to six (6) months of interest if the term is two (2) years or less and twelve (12) months of interest if the term is more than two (2) years if this withdrawal is done on a <u>Term Note</u> before the maturity date of the note. If this withdrawal is done on a Demand Note there will be no penalty for withdrawals or closure of		
account.		
1.		
Print Name	Signature	Date
2Print Name	Signature	Date

Organizations are required to provide <u>TWO Authorized Signatures.</u> Organizations must attach a resolution from their Board of Trustees authorizing the withdrawal.