



303 Mulberry Drive
 Mechanicsburg, PA 17050
 E-Mail: investments@susumc.org
 Phone: (717) 766-5275
 Fax: (717) 766-7696
www.seedlingfinancial.org

ORGANIZATION WITHDRAWAL REQUEST
(To fully or partially withdraw from an investment)

Organization's Name: _____

Phone Number: _____ Email: _____

Check one:

Partial Withdrawal Amount \$ _____
 (allowed only on Demand Certificates)

Close investment and withdraw total balance

Account Number: _____
 (Not your certificate number. If unsure of your account number, please contact us)

If a Demand Certificate (your account 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 Term Note 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
2. _____	_____	_____
Print Name	Signature	Date

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