

SAVINGS - WITHDRAW TRANSACTION FORM
 PLEASE COMPLETE THIS FORM TO REQUEST A
 WITHDRAW OF \$5 OR LESS AT THE STUDENT BANK
 LOCATION.

DATE____/____/____

ACCOUNT NAME_____

DOLLAR AMOUNT TO

WITHDRAW_____

SAVINGS ACCOUNT

NUMBER_____

PARENT/GUARDIAN

SIGNATURE_____

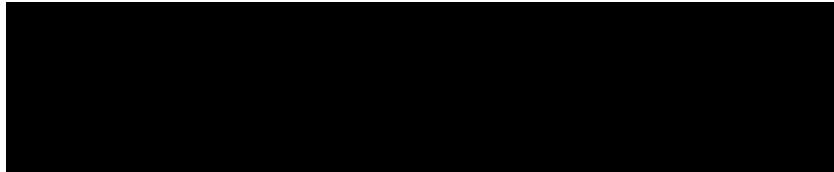
STUDENT CUSTOMER

SIGNATURE_____

EMPLOYEE BANKER ACCEPTING

*WITHDRAW*_____

TYPE OF ID ACCEPTED AT TRANSACTION:
 _ _____KNOW STUDENT **OR** _____ACCOUNT CARD



SAVINGS - WITHDRAW TRANSACTION FORM
 PLEASE COMPLETE THIS FORM TO REQUEST A
 WITHDRAW OF \$5 OR LESS AT THE STUDENT BANK
 LOCATION.

DATE____/____/____

ACCOUNT NAME_____

DOLLAR AMOUNT TO

WITHDRAW_____

SAVINGS ACCOUNT

NUMBER_____

PARENT/GUARDIAN

SIGNATURE_____

STUDENT CUSTOMER

SIGNATURE_____

EMPLOYEE BANKER ACCEPTING

*WITHDRAW*_____

TYPE OF ID ACCEPTED AT TRANSACTION:
 _ _____KNOW STUDENT **OR** _____ACCOUNT CARD