



TRADING ACCOUNT WITHDRAWAL FORM

Client's Information

Customer Full Name		
Customer Account number		Passport / ID# :

Withdrawal Information

Withdrawal Method	Bank Wire: _____	Credit Card: _____
USD Amount	\$ _____	
Other Non USD Currency Amount	N/A	

Client Bank Information

Beneficiary Name	
Address, City, State, Zip	
BANK NAME	
Bank Address	
ABA or Swift #	
Correspondent Bank	
Account Number #	
Reference:	

Are you closing your account?	Yes: _____	No: _____
If yes, please state the reason (s)	_____	
Customer Signature		Date:

Disclaimer: The undersigned hereby authorizes MBC Financial Services LTD to initiate payments to a checking account indicated above. The account holder certifies that the information provided is accurate and truthful. Client authorizes, MBC Financial Services, LTD to verify any and all of the above information. Further, client authorizes MBC Financial Services ,LTD to convert funds from one currency type to another currency type, as directed within this document, or specified by client over the phone, fax, or email. MBC Financial Services LTD may not make or receive payment via third party.