



Registered FCM, Member NFA

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WITHDRAWAL REQUEST FORM

Please make sure all information is complete. Interbank FX, LLC is **not** responsible for errors made by customer.

Date _____ Trading Account Number _____

Trading Account Name _____

Client's Mailing Address _____

City, State, Zip Code, Country _____

Telephone Number _____ Email Address _____

Withdrawal Amount in US\$ _____

Please choose one of the following options:

_____ CHECK FEDEX STANDARD OVERNITE TO MAILING ADDRESS ABOVE (\$21 Fee, US Only)

_____ CHECK FEDEX EXPRESS DAY (\$12 Fee- 2-3 business days, US Only)

_____ CHECK MAILED TO MAILING ADDRESS ABOVE (No Fee- 5-7 business days, US & Canada only)

_____ WIRE TO MY BANK (\$25 Fee- 2-3 business days)

Bank Name _____ Bank Phone # _____

Bank Address _____

City, State, Country _____

ABA # or Swift Code _____

*Bank Account Name _____

Bank Account # _____

* Interbank FX, LLC trading account holder only. Interbank FX, LLC may not make or receive payment via third party.

Will your account be closed? Yes No

Comments, if any _____

Customer Signature X _____

Joint, Company and Trust accounts require signatures of **ALL** owners, members, directors or trustees.

X _____

X _____

X _____

X _____

Scan and email to withdrawals@interbankfx.com or Fax to: 212-500-2728