



Warning: Payments will be delayed if information is incorrect. Verify all information before sending

Fax To: 602.445.9275

WITHDRAWAL REQUEST FORM

ONE CORPORATION FOREX FINANCIAL GROUP

Please ensure all information below is typed or written clearly and completely to avoid errors or delays in processing. OneCorpFX is not responsible for errors made by the client.

Clients Name: _____ OneCorpFX Account #: _____

Withdrawal Amount: _____ Date: _____

Reason for withdrawal: _____

Bank Name: _____

Bank Account #: _____

ABA # or Swift Code: _____

Beneficiary Name: _____

Bank Address: _____

City, _____ State, _____ Country: _____

For wires sent through an intermediary bank, please complete the following:

Intermediary Bank: _____

ABA or Swift #: Account #: _____

Bank City: _____ State: _____ Country: _____

No third party payments will be made.

Will the account be closed? Yes _____ No _____

Comments, if any: _____

If closing account, reason for closing: _____

Customer Signature: _____

Joint Signature: _____