



Certificate of Deposit Withdrawal Request Form

Date _____

Customer Name _____

Account Number _____

Partial Withdrawal Request \$ _____

Penalty Y____ N____ \$ _____

Closeout Withdrawal \$ _____

____ Transfer to Online Savings # _____

____ Wire Transfer Request (must complete wire transfer form)

Customer signature _____

FAX to Ameris Bank Customer Contact Center 912-538-0129

Internal Use Only

Date withdrawal request made _____

By _____ (employee)