

Letter of Authorization: Check Request

Use this form to request that a check be sent from
your account.



Part 1 Account information

ACCOUNT NUMBER (XXX-XXXX)

ACCOUNT NAME

Part 2 Amount of withdrawal

(Choose one)

One time amount \$ _____

All cash and close my account

If requesting to process at a future date, specify future date: _____ (MM/DD/YYYY)

Part 3 Withdrawal instructions

Payee information Make check payable to (Choose one)

Account name

Alternate payee (Indicate name below)

If paid to an alternate payee, the following information is required

ALTERNATE PAYEE NAME

RELATIONSHIP TO THE PAYEE

REASON FOR PAYMENT TO PAYEE

Note: Due to the USA Patriot Act of 2001, Merrill Lynch is required to obtain a reason for funds being sent to an alternate payee. Failing to fill out this section when applicable will potentially delay your request.

Delivery Address (Choose one)

Pick up at local branch

Mail check to address on file

Third party pick up name _____

Mail check to alternate address as indicated below

Alternate mailing address

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTRY (If outside US)

Information to include in memo field (Will not be shown in the address window of envelope)

Part 4 Your authorization

NAME AND TITLE (If applicable)

SIGNATURE

DATE

NAME AND TITLE (If applicable)

SIGNATURE

DATE