

IHCPU FDIC ACCOUNT WITHDRAWAL FORM

I, _____ am hereby requesting a withdrawal
(print name)

from my FDIC (Escrow) account in the amount of \$ _____,

_____ dollars.
(write out dollar amount)

Upon receipt of signed withdrawal form a representative of IHCPU will/can contact me at the number below:

Phone number _____ circle one: Home Cell

Submit all written request to:

IHCPU
Attn: Accounting Dept
1395 Dublin Rd
Columbus, OH 43215

Or fax to 614-246-4409

X _____
Signature of Independent Provider

Provider ID Number

Social Security Number

Date