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WITHDRAWAL REQUEST
(To fully or partially withdraw from a note)

Investor Name: _____

Phone Number: _____

Email: _____

Check one:

Withdrawal Amount: \$ _____

Close investment and withdraw total balance.

Note Number(s): _____

Please send the funds via: (Check one)

ACH (Direct Deposit*) I hereby authorize Heritage Investment Services Fund, Inc. (HIS Fund) to process any specific request for direct deposit to:

My existing _____ (bank name) bank account on file ending in _____ (last three digits)

My new _____ (bank name) bank account ending in _____ (last three digits) (Attach a Direct Deposit Authorization Form)

Check

Comments:

The undersigned hereby acknowledges and understands that HIS Fund may impose an interest penalty of up to one month's interest and a request processing fee not to exceed \$15.00 if this withdrawal is done on a Term Note before the maturity date of the note.

If this withdrawal is done on a Demand Note there will be no penalty if withdrawal is completed after the expiration of 30 days' prior notice to HIS Fund.

Print Name

Signature

Date

Print Name

Signature

Date

(Churches/Organization are required to provide TWO Authorized Signatures unless otherwise specified on your Church/Organization Resolution.)