



**HERITAGE INVESTMENT SERVICES FUND**

*Investing for a Higher Purpose  
Matthew 16:18*

3 KACEY COURT, SUITE 101  
MECHANICSBURG, PA 17055  
E-MAIL: invest@hisfund.com  
TOLL FREE: (866) 219-0820  
PHONE: (717) 796-9784  
FAX: (717)795-9568  
www.hisfund.com

**WITHDRAWAL REQUEST**

*(To fully or partially withdraw from a note)*

Investor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**If primary or joint account owner holds ministerial credentials check here.**

Check one:

Withdrawal Amount: \$ \_\_\_\_\_

Close investment and withdraw total balance.

**Please verify the last 3 digits of FEIN or SSN:**

\_\_\_\_\_

Investment 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 a request processing fee not to exceed \$15.00 and an interest penalty of up to three month's interest (if this request is for a withdrawal from a Jumbo 5 Year Note before its maturity date) or one month's interest (if this request is for a withdrawal from any other Term Note before its maturity date).*

***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.)*