



WITHDRAWAL OF FUNDS FORM

GENERAL ACCOUNT INFORMATION

Account Name	<input type="text"/>	Account Number	<input type="text"/>
Email Address	<input type="text"/>	Phone Number	<input type="text"/>
Withdrawal Amount (in currency of account denomination)	<input type="text"/>	Your bank account currency	<input type="text"/>
Do you want to close your account:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Please note ADSS will only wire funds to the bank accounts on record or to the original funding source. ADSS will not make third party payments. Where an account was funded via credit card, all funds will be returned to the funding credit card(s). Only profits may be returned via wire.

METHOD 1 - WIRE TRANSFER

Please note the Beneficiary must be the same as the account holder

Beneficiary Name	<input type="text"/>				
Beneficiary Address (include city and country)	<input type="text"/>				
Beneficiary Bank Name	<input type="text"/>		Beneficiary Bank Account Number	<input type="text"/>	
Beneficiary Bank Address (include city and country)	<input type="text"/>				
Bank SWIFT/BIC	<input type="text"/>	IBAN	<input type="text"/>		
ABA Number (US)	<input type="text"/>	Sort Code (UK)	<input type="text"/>	BSB (Australia)	<input type="text"/>

The below information is required if the currency requested is outside the local currency location

Correspondent or Intermediary Bank Name	<input type="text"/>		Correspondent or Intermediary Bank SWIFT/BIC	<input type="text"/>
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METHOD 2 - CREDIT CARD

Credit Card	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	<input type="checkbox"/> Other:	<input type="text"/>
Last four (4) digits of credit card	<input type="text"/>	Expiration Date:	<input type="text"/>			



CUSTOMER ACKNOWLEDGEMENT

I/We, the undersigned, hereby authorize ADS Securities LLC to execute my/our request in accordance with the instructions provided above.

Acknowledged By

PRIMARY ACCOUNT HOLDER OR AUTHORISED SIGNER

SIGNATURE

NAME

TITLE (BUSINESS ACCOUNTS ONLY)

DATE

SECONDARY ACCOUNT HOLDER OR AUTHORISED SIGNER (IF APPLICABLE)

SIGNATURE

NAME

TITLE (BUSINESS ACCOUNTS ONLY)

DATE

