

## One-Time Check Withdrawal Request

This request will be processed by Contact Center Fulfillment within one business day of receipt.

Please choose **one** of the following methods to send to Contact Center Fulfillment:

- **Fax** this form to: **866.827.7789**
- **Mail** this form to: OneWest Bank P.O. Box 7056 Pasadena, CA 91109
- **E-Mail** this form to: bankingforms@owb.com

Withdrawal Information		
Withdrawal Amount		
Withdrawal Date		
Account Information		
Debit Account Number <i>(If the withdrawal is processed from a certificate of deposit (CD) account, I acknowledge that if the account is not within the 7-day grace period that it will be subject to an early withdrawal penalty.)</i>	Customer's initials <b>(Required for a CD withdrawal)</b> :	
Account Name		
Shipping Options (Initial beside selected method) - All checks will be mailed to the address of record		
Standard U.S. Postal Service	Free	Initials:
UPS Two Day Shipping	\$5	Initials:
UPS Overnight Shipping	\$10	Initials:

This One-Time Check Withdrawal Request ("Request is between OneWest Bank, a division of CIT Bank, N.A.) ("OneWest" or "Bank") and the undersigned individual(s) or business entity, as principal ("Customer". The words "I," "me," or "my" refer to Customer).

**INDEMNIFICATION** – In consideration of the agreement by Bank to act upon funds withdrawal requests in the manner provided in this Request, I agree to indemnify, defend, and hold Bank harmless from and against any and all claims, actions, suits, proceedings, fines, judgments, executions, liabilities, losses, damages, costs and expenses, including without limitation attorney fees, related to or arising out of (i) any funds withdrawals made pursuant to this Request, (ii) my actions or omissions in connection with the funds withdrawal services or any breach by me of any provision of this Request, (iii) Bank's actions or omissions, provided that they are taken/omitted in accordance with this Request or my instructions. This indemnity shall not relieve Bank from liability for its gross negligence, bad faith, or willful misconduct. This provision shall survive the termination of this Request.

**REQUIRED SECURITY PROCEDURES** – When I place this funds withdrawal request, Bank may follow a security procedure for my protection and Bank's to verify that the funds withdrawal has been properly authorized. The security procedure Bank may use will depend on the means by which I provide instructions to Bank. I agree that the security procedure customarily followed by Bank and described herein is a commercially reasonable security procedure in light of the anticipated size, type, and frequency of my funds withdrawal requests. I further understand that the security procedure is designed only to verify the source of the funds withdrawal instruction and not to detect errors in the content of that instruction.

For funds withdrawal requests initiated via telephone, fax, or email (with PDF version of this completed form attached), or mail, Bank may call me or any authorized signer on my account, to verify the funds withdrawal request and will ask multiple security questions, known as out-of-wallet questions. Bank will utilize the telephone number(s) provided by me and recorded in Bank records for my account. I agree that Bank will not be liable for any delay in processing my funds withdrawal request resulting from compliance with these call-back procedures. I further agree that I shall prevent any disclosure, except on a "need to know" basis, of any aspects of the security procedures agreed to with Bank and shall notify Bank immediately if the confidentiality of its security procedures has been compromised.

By signing below I hereby agree to the Indemnification and Required Security Procedures and authorize OneWest Bank to debit my account in accordance with this Request, the instructions above, and check withdrawal conditions in the *Account Disclosures for Personal and Business Accounts*. I authorize OneWest to debit my account for the official check fee, and acknowledge receipt of and agree to the *Account Disclosures for Personal and Business Accounts*. I agree to assume full responsibility for, and be bound by, all funds withdrawal requests issued in my name, whether or not authorized, provided the funds withdrawal request was executed by the Bank in good faith and in accordance with the procedures set forth in this Agreement.

Customer Signature 1		Customer Signature 2	
Date :		Date:	

Contact Center Fulfillment Use Only			
Request received from Customer: <input type="checkbox"/> By Fax <input type="checkbox"/> By Mail <input type="checkbox"/> By E-Mail		Request received by (printed name & signature):	
Call back made to: (phone # on file only)		Call back made by: (printed name & signature):	
<input type="checkbox"/> Security questions asked and answered correctly	<input type="checkbox"/> Questions attached	<input type="checkbox"/> Signature verified	
I certify that due diligence has been performed on the above one-time check withdrawal request, including comparison of the signature(s) on this form to the account records. The check amount (U.S. dollars only) above represents available funds.			
Posted by: (print)	Signature:	Title:	Date:
Approved by: (print)	Signature:	Title:	Date: