



# Withdrawal Form

PLEASE COMPLETE FORM AND SEND VIA EMAIL TO [BACKOFFICE@ALPARI-US.COM](mailto:BACKOFFICE@ALPARI-US.COM) OR FAX TO +1 646.825.5762.

ALL INFORMATION PROVIDED ON THIS FORM MUST MATCH THE INFORMATION IN OUR RECORDS. ALPARI (US), LLC WILL ONLY WIRE FUNDS TO THE BANK ACCOUNT OF RECORD AND/OR TO THE ORIGINAL FUNDING SOURCE. ALL CREDIT CARD WITHDRAWALS MUST BE RETURNED TO THE CARD(S) USED TO FUND YOUR ACCOUNT.

Alpari (US), LLC  
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New York, NY 10005

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+1 646 825 5761   
www.alpari-us.com

Withdrawal Method:  Check (US & Canada only)  Wire Transfer (wire fee \$20)

Credit Card:  Visa  MasterCard

Credit Card Number: \_\_\_\_\_

Do you want to close your account:  Yes  No

Withdrawal Amount: \_\_\_\_\_ Account Number \_\_\_\_\_

Account Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip Code/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### (Wire Transfer Only)

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Swift Code \_\_\_\_\_ ABA Number (US Banks only) \_\_\_\_\_

Other Information \_\_\_\_\_

### PRIMARY ACCOUNTHOLDER SIGNATURE

Full Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### SECONDARY ACCOUNTHOLDER SIGNATURE (if applicable)

Full Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_