Withdrawal Request

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

For Metrobank Account Holders

\*Please auto-credit my settlement bank account for:

All Cleared Cash Balance

Desired Amount: P\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Non-Metrobank Account Holders

\*Please deposit check to my bank account for:

All Cleared Cash Balance

Desired Amount: P\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Bank Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s signature over printed name

First Metro Securities Account Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cut Off Times: Request for withdrawal of funds is 12:00NN.**

 **Autocredit to Metrobank account will be processed the following day**

 **Checks will be deposited within two days**

**Notes: If the cleared balance is less than the desired amount, the cleared balance will be used for the auto-credit/withdrawal. Any non-Metrobank deposit fees will be deducted from the account. Please fax completed request form to 859-0698 or email a scanned copy with signature to** **customerservice@firstmetrosec.com.ph**