

Name _____
Address _____
City _____ ST _____ Zip _____

CNB Account # _____
Social Security # _____
Phone # _____

I hereby direct you to disburse the following cash and/or investments in my account according to the information and instructions below:

1. REQUEST TYPE

- This is a NEW withdrawal request (Complete entire form)
- This is an update or change to an existing withdrawal request (Complete only the applicable sections)
 - Change of ACH or payment information only
 - Change of dollar amount only
 - Change of frequency only
 - Addition of on-demand withdrawal capability only

2. CASH WITHDRAWAL AMOUNT

- \$ _____ (specify gross dollar amount)
- All available cash
If periodic, \$0.00 to \$10,000 expected per withdrawal*
- Automatic sweep of all dividends (available for ACH only) (Do NOT complete Section 3)
\$0.00 to \$10,000 expected per withdrawal*
- Automatic sweep of all dividends from the following investments (available for ACH only) (Do NOT complete Section 3)
\$0.00 to \$10,000 expected per withdrawal*

Investment Name: _____; _____; _____

*Any periodic withdrawal outside of the range will require separate authorization of the new range.

3. CASH WITHDRAWAL FREQUENCY (if no selection is made one time only will be assumed)

Withdrawals are to be made: One Time Only Monthly Quarterly Semi-Annually Annually

Beginning Date For Periodic Withdrawals: ____/____/____

CNB reserves the right to modify your withdrawal dates based on dividend schedules.

If no date is chosen, periodic withdrawals will be made on the 15th of the month, provided funds are available. The payment plan shall continue as long as there is available cash in the account to fund such withdrawals. If cash is not available at the time of the scheduled withdrawal, the check or ACH will not be issued as scheduled. The account will be swept only if the available cash is greater than \$20 at the time of the scheduled withdrawal.

4. ON-DEMAND WITHDRAWAL (Not available for account termination)

On-Demand Payment – Variable amount to be determined by the account holder or their designated representative for each payment. I hereby authorize Community National Bank to accept verbal instructions for any amounts of **\$5,000.00 gross and under** that I or my designated representative(s) may request from time to time.

All On-Demand payments are available for cash withdrawals sent by ACH, wire, or check to the address of record. These withdrawals will be considered a non-periodic withdrawal. Once On-Demand withdrawals have been established, a new form will need to be completed and signed by you when changes are made to the bank ACH/wire information. On-Demand withdrawals must be established by the account owner, however, your signature on this form also authorizes the designated representative listed on your account at the time of each verbal request to initiate these withdrawals on your behalf.

I understand that this authorization will be in effect until written revocation or modification is received by Community National Bank.

5. METHOD OF PAYMENT – Attach account verification for wires (i.e. deposit slip, voided check, statement)

- Check – Checks are made payable to the account owner and mailed to the address of record. (\$10 withdrawal fee applies)
- Direct Deposit (ACH) (No withdrawal fee applies for direct deposit, complete Section 6)
- Wire – A \$30 wire fee will be deducted from my account prior to withdrawal. (\$10 withdrawal fee applies, complete Section 7)
- Send a check to the account shown on the attached statement or letter of instruction. (\$10 withdrawal fee applies)

6. BANK INFORMATION AND AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH)

COMPANY NAME: Community National Bank COMPANY ID NUMBER: 101104504

I hereby authorize Community National Bank, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. Your Bank's ABA Routing Number (9 digits) AND Your Account Number MUST be provided! Please ensure the accuracy of your financial institution's routing and account information and inform us of any future changes. An additional fee will be charged if a wire or ACH is rejected due to incorrect instructions.

NAME ON ACCOUNT _____ ACCOUNT # _____

BANK NAME _____ PHONE # _____

CITY _____ STATE _____ ZIP _____ ABA ROUTING # _____

ACCOUNT TYPE: Checking (attach voided check below) Savings (attach verification from bank or savings statement)

This Authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.

JOHN DOE 123 FOURTH AVENUE ANYTOWN, USA 12345	9999
PAY TO THE ORDER OF _____	DATE _____
ATTACHED VOIDED CHECK HERE	
YOUR FINANCIAL INSTITUTION ANYTOWN, USA 12345	
MEMO _____	

7. WIRE INSTRUCTIONS

The undersigned originator requests payment to be made to the account number below. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of CNB is to exercise ordinary care in processing this wire transfer and that it is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer.

Bank Name _____ ABA Routing # _____ Bank Phone # _____

Bank Address _____ City _____ ST _____ ZIP _____

Credit Account # _____ For Credit To _____ Further Credit To _____

8. INVESTMENT WITHDRAWAL (Please list each investment and number of shares to disburse in-kind below)

# of Shares	Investment Name	# of Shares	Investment Name

Investments will be re-registered to the account owner unless otherwise specified below:

Name _____ SSN/TIN # _____

Address _____ City/State/ZIP: _____

9. SIGNATURE

I hereby direct you to disburse the cash funds in my account according to the information and instructions above. I hereby indemnify Community National Bank and hold it harmless from any liabilities, claims, taxes, causes of actions, etc. to which I may be subjected because of this withdrawal.

X _____
Signature of Account Owner

Date

X _____
Signature of Additional Account Owner

Date