



## Withdrawal/Close Account Form

Complete the form below to withdraw and/or close your Lansing SAVE account.

|                                |                                      |
|--------------------------------|--------------------------------------|
| <b>Student Account Number:</b> | Student Name ( <i>please print</i> ) |
|--------------------------------|--------------------------------------|

### Funds to be Withdrawn

Please list the share account you will be withdrawing below. Include the share suffix (found on your statement).

|                     |                   |  |
|---------------------|-------------------|--|
| _____               | _____             | <input type="checkbox"/> Public/Philanthropic Contribution |
| <i>share suffix</i> | <i>share name</i> | <input type="checkbox"/> Private Contribution              |
| _____               | _____             | <input type="checkbox"/> Public/Philanthropic Contribution |
| <i>share suffix</i> | <i>share name</i> | <input type="checkbox"/> Private Contribution              |

**Account will close when all funds are withdrawn.**  
**Please return this form to your student's school for processing.**

### Disbursal of Funds

Please make check(s) payable as follows:

Name: \_\_\_\_\_ Amount of Check : \_\_\_\_\_

Name: \_\_\_\_\_ Amount of Check : \_\_\_\_\_

Name: \_\_\_\_\_ Amount of Check : \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

Authorized Signer Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name(s): \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Apartment, suite, etc.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### FOR LANSING SCHOOL DISTRICT OFFICE USE ONLY

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name(s): \_\_\_\_\_ School Name: \_\_\_\_\_

### FOR MSUFCU OFFICE USE ONLY

\_\_\_\_\_

Date Received Employee Name Employee Number

