



TRANSHORN MONEY TRANSFER SERVICES  
USA - SEATTLE BRANCH  
WITHDRAWAL FORM

Please, fill this form and fax it to the following address or fax number:  
TMT, P.o.Box 3155, Renton WA98056 or FAX:1-425-225 0345

Account Holder Information:

Full Name: \_\_\_\_\_

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

\_\_\_\_\_

Tel 1: \_\_\_\_\_ Tel 2: \_\_\_\_\_

E-mail: \_\_\_\_\_

Withdraw from the following Bank:

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

Bank Account: \_\_\_\_\_

Withdrawal Amount: \_\_\_\_\_ US Dollar

Amount in Words: \_\_\_\_\_

Requested Payment method:

Send me a check to my address: YES NO

Deposit to my Bank account: YES NO

Bank name: \_\_\_\_\_

Bank Account: \_\_\_\_\_

Bank Route number: \_\_\_\_\_

Deposit to bank accounts may not be possible if your bank is not active in Washington State.

Account Holder (S) Signature:

\_\_\_\_\_

Notary Seal and ID Verification Form Required: