

Please complete this form in its entirety. Your request will not be honored unless a valid photo ID is submitted with this form. For your protection verbal validation may be required. Once completed please either scan and email the form and ID to info@stockusa.com or fax the form and ID to: (845)-622-4878.

Check Information (please type or print)

Date: _____ Amount: _____

Payable To: _____

Address: _____
Street City State Zip

COR Clearing LLC Account #: _____

Reason for check: _____

Phone #: _____ E-mail Address: _____

Signature(1): _____ Date: _____

Signature(2): _____ Date: _____

Please Select Delivery Options: *(Please check one)*

Regular Mail \$0 (About 5-10 days)

Overnight Mail \$25.00 (Next day)

The amount you may request is based upon your available cash or available cash given on any open orders on your account. Current open orders can affect how much you are allowed to request. Upon entering a request, your available cash will be debited for the amount of the funds request.

Funds recently deposited by check or wire will be available for withdrawal 10 business days after the date of deposit. Funds request cut off time is 2:00 PM EST.

Please note: Checks requested will be made payable to the account holder(s) and mailed to the address on file. We do not send any third party checks.

For Office Use Only:

Prepared by: _____ Date: _____

Approved by: _____ Date: _____

Reviewed by: _____ Date: _____

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