

EMAIL THIS REQUEST TO: MOLEXCREDITUNION@MOLEX.COM

**MOLEX EMPLOYEES FEDERAL CREDIT UNION
SAVINGS WITHDRAWAL FORM**

NAME _____

ACCOUNT # _____

WITHDRAWAL AMOUNT \$ _____

SIGNATURE _____

DATE _____

**I WILL PICK UP CHECK:
CALL ME ON EXT.** _____

**OR
SEND CHECK TO:** _____

**MOLEX CREDIT UNION
SAVINGS WITHDRAWAL FORM**

