



Certificate of Deposit Redemption Request

H&R Block, Attn: Back Office Operations
P.O. Box 2569, Omaha, NE 68103
Fax: 866-812-3144

Questions? Call us at 1-888-687-4722

Account Owner

First Name (Print Clearly)

 Last Name (Print Clearly)

 Home Phone Number
--
 Cell/Work Phone Number
--
 Account Number

 SSN/TIN:
--

Payment Instructions

Required: Redemption Amount
 All, at Maturity OR All, Early Redemption (Early redemption may result in a substantial penalty)

Method of Payment

Mail check via regular mail to the following address (Please allow 10-14 days for delivery) Check here for Change of Address
 Express check to the following address. **P.O. Box address not allowed** (\$25.00 fee) (Please allow 2-3 business delivery days)
 Street (Print Clearly)

 City

 State Zip Code

 Create a one time ACH (Please allow 3-5 business days for delivery)
 Account # (Print Clearly) Routing (RTN)#

Required: Please indicate the correct account type
 Checking Savings

A VOIDED CHECK or letter on bank stationery confirming account title, account number, account type, and routing number is required. Deposit slips and bank statements will not be accepted. H&R Block is not liable for problems or delays caused by inaccurate or incomplete information provided by you on this CD redemption form. Accordingly, we ask that you review the form again to ensure that it contains accurate information for your CD redemption request.

Signature (Required)

X.

 Account Owner Signature Date