

**PATRON NOTE PROGRAM
WITHDRAWAL REQUEST**

I wish to withdraw \$ _____ from my:

Patron Demand Certificate

I wish to withdraw the above amount from my Patron Demand Certificate held with Landmark Services Cooperative. I understand that should the withdrawal amount requested cause my account to fall under the required minimum balance of \$2,500.00, my account will stop earning interest at the stated rate.

I understand distributions will be made on a weekly basis, via paper check, and will be mailed to the address listed on file with Landmark Services Cooperative.

Patron Three Year Certificate

I wish to withdraw the above amount from my Patron Three Year Certificate held with Landmark Services Cooperative. I understand that there is a withdrawal penalty equal to six (6) months of interest for withdrawals prior to the maturity date of the certificate.

I understand distributions will be made on a weekly basis, via paper check, and will be mailed to the address listed on file with Landmark Services Cooperative.

Please enter the withdrawal amount above, check the appropriate certificate box, complete the information below and mail to:

Landmark Services Cooperative
Attn: Patron Note Program Withdrawals
1401 Landmark Drive
Cottage Grove, WI 53527

Name: _____

Address: _____

Landmark Customer Account Number: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Signature: _____

Date: _____