

BANK CARD WITHDRAWAL REQUEST FORM

CLIENT INFORMATION:

First Name:	
Last Name:	
AGM Account No.:	
Email:	

TRANSFER REQUEST INFORMATION: Please

arrange the following online money transfer:

FROM (AGM Account Number): _____

Base currency: EUR USD CHF GBP

Amount in figures (debited from AGM account): _____

Amount in words: _____

TO (Credit/Debit Card Details):

- The Credit/Debit Card Details must correspond to the details provided on the Online Account Funding Form.
- AGM Brokers online payment solution accepts VISA debit/credit, Maestro and MasterCard.

	<u>Credit/Debit Card Details</u>
Payment Method:	VISA Maestro MasterCard
Cardholder Name:	
Card Number (the last 4 digits only):	
Expiration Year:	
Expiration Month:	
Withdrawal Type (Credit Service Plan):	Standard* Extra**

* Only for withdrawal amounts that are equal or less than your initial online deposit.

** Withdrawal amounts may be greater than your initial online deposit.

ADDRESS

AG-Markets
nd Floor Transpacific Haus,
Lini Highway Port Vila
1000, Vanuatu

WEB

support@ag-markets.com
www.ag-markets.com



SECURITY INFORMATION:

Date of Birth:	
Place of Birth:	

Please refer to the notes below.

IMPORTANT NOTES:

- 1) AG –Markets charges no processing fees for withdrawals.
- 2) Withdrawals paid online usually require from 24 hours to 10 working days to be credited (depending on your payment service plan and the terms of the banks involved).

Signature of Client: _____ Place: _____ Date: _____

WHAT TO DO NEXT?

Please scan and email this document to us at: support@ag-markets.com

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