

Outgoing Domestic Wire Transfer Request

CUSTOMER/REQUESTING PARTY INFORMATION

Requestor/Originator: _____ Account #: _____
Wire Requested: In Person By Email
Company Name (if applicable): _____
Address: _____ Address on file
Email: _____ Phone: _____

I understand that once a funds transfer request has been processed, the funds will have been permanently transferred to the beneficiary and that a stop payment order will be impossible. This request represents an agreement only between the undersigned and the bank, which has no obligations other than to wire transfer the funds in accordance with the information contained in this request. I understand that wire transfer requests are handled expeditiously, but there is no guarantee this request will be completed in any specific time period and may be revised or declined if found to contain inaccurate data or be in violation of any laws or regulations.

Signature: _____ Date: _____ Printed Name: _____

ID Verification – For Bank Use Only

SS#: _____ DOB: _____ Personal Knowledge: _____
Other: _____
Person Verifying: _____

OUTGOING WIRE TRANSFER ROUTING & BENEFICIARY INFORMATION

Instructions attached separately

Bank Name: _____ ABA/Routing Number: _____
Account Number: _____ or PUPID/Instructions: _____
Beneficiary (Payee): _____ Phone: _____
Address: _____
Type of Account: Beneficiary Account Number Loan Account Number
Further Credit To: _____
Reference #, Loan # or other info: _____

Secondary/Intermediary Bank (if applicable): _____ ABA/Routing Number: _____
Account Number or Instructions: _____

FUNDING INFORMATION

Amount of Wire: _____ Fee Amount: \$20 Total: _____
Method of Payment: Debit Account Check Loan Funds Cash Other: _____

Processing Confirmations and Information – For Wire Department Use Only

Date Received: _____ Prepared By: _____
WTF Created By: _____ Balance Verified & Funds Held _____ ID Verified: _____
WTF Verified By: _____ OFAC Checked: _____ Entries Made: _____
Approving Officer: _____ If loan funding, Approving Lender: _____