

Outgoing Domestic Wire Transfer Request

CUSTOMER INFORMATION & AUTHORIZATION

Requestor/Originator: _____ Account #: _____
(Account funds will be debited from)

Wire Amount \$ _____ (WT Fee \$30) Total Amount \$ _____

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 and may be revised or declined if found to contain inaccurate data or be in violation of any laws or regulations.

I confirm that I have personally verified the wire payment instructions with the intended beneficiary using a trusted phone number or other method and understand that wire transfers are final and irreversible once sent.

Signature: _____ Date: _____ Printed Name: _____

Wire Transfer(s) in Person at Branch Location - ID Verification – For Bank Use Only

SS#: _____ DOB: _____ Personal Knowledge: _____

Other: _____

1st Person Verification: _____ 2nd Person Verification: _____

WIRE TO RECEIVING BANK INFORMATION

Instructions attached separately

*Bank Name: _____ *ABA/Routing Number: _____

*Account Number: _____ *Address: _____

CREDIT TO BENEFICIARY INFORMATION

*Beneficiary (Payee): _____ Phone: _____

*Address: _____

Type of Account: Beneficiary Account Number Loan Account Number

Further Credit To: _____

Reference #, Loan # or other info: _____

NOTE: ALL ASTERICK FIELDS MUST BE COMPLETED - PER NEW FED REGULATIONS

Wire Transfer Department - Verification and Processing – For Bank Use Only

Verification:

:

Request Received Date: _____

WT Specialist Created: _____

Signer/Person Verifying Request: _____

WT Specialist Verified: _____

WT Specialist Verifying: _____

Date WT Processed: _____

Date Verified: _____