

OUTGOING WIRE TRANSFER REQUEST FORM

Branch: _____

Date: _____

Originator Name: _____ SS#: _____

Address (Required): _____ City: _____ State: _____ Zip: _____

Account #: _____ Amount: \$ _____ Domestic Fee: _____ International Fee: _____

Receiving Bank*: _____

Address: _____ City: _____ State: _____ Zip: _____

Routing or ABA# (9 Digits Only): _____

Beneficiary Bank (fill out if receiving bank is not online with federal reserve): _____

Address (Required): _____ City: _____ State: _____ Zip: _____

Account # or Reference #: _____

Final Beneficiary: _____

Address (Required): _____ City: _____ State: _____ Zip: _____

Account # or Reference #: _____

Additional Instructions: _____

**Customer Authorization: _____

(Customer's signature)

INTERNALVerification of signature and availability of funds: _____
(Employee Signature)Memo posted to customer's account/Tickets run: _____
(Employee Signature)Approval (as authorized by wire transfer limits): _____
(Employee Signature)Second authorized signer (if applicable): _____
(Employee Signature)Callback (if a phone or fax order) done by: _____
(Employee Signature)

* Please call receiving bank to obtain complete instructions.