## **Outgoing Wire Transfer Request**

Date of Request:/ Time	Time of Request:			
Customer Name:	Customer Account #:			
Customer Address:		_,		
Street	City	State	Zip	
Beneficiary Name:	Beneficiary Account#:			
Beneficiary Address:	City	, State	 Zip	
Intermediary	·		·	
Bank Name:	Routing	#:		
Intermediary Bank Address:		,		
Street	City	State	Zip	
Beneficiary Bank Name:	Pouting # OR SWI	ET Code:		
	Routing # OR Swi	1 1 Code		
Beneficiary Bank Address:		,		
Street	City	State	Zip	
Information for Beneficiary:				
Written Wire Amount: \$			USD	
Payment Method for Wire Amount \$		US	D	
And the wire fee of Section \$20 for a domestic wire or Section Cash Check # Custome		aid by:		
Purpose of wire:				
Customer Signature: _ All fields above are required for every wire except the fields for Intel		Special Instruction	ns. use these	
fields only when			7	
FOR BANK USE ONLY Wire #		FOR BANK U	SE ONLY	
Wire Instructions Received:   In Person accepted by:	AND Witnessed	d by:		
☐ By Fax ☐ Internet Banking ☐ Email ☐ In House received	d by: on//	at [	_ am	
Date/ and time am pm w	rire request received in Wire F	Processing.		
Call Back (for requests not made In Person) by: with		Created by		
on/ at		Tickets by		
Senior Management approval of wire requests over \$500,000		OFAC Scan by	,	
Limit Adjustment by on/ at		OFAC Score	'	
Limit Reset by on/ at		3.7.0 30010		