



Domestic Wire Transfer Request

Date: _____ Amount: \$ _____
Check/Charge Account # _____ Process Fee \$ _____
Cash Received By: _____ **Total** \$ _____

Beneficiary's Financial Institution:

Bank Name _____ ABA _____
Branch & Address _____
City & State _____ zip/postal code _____
Beneficiary _____
Address _____
City & State _____ zip/postal code _____
Account Number _____
Special Instructions _____
Purpose of wire _____
Relationship to sender _____
Correspondent Bank (if applicable) _____ ABA# _____
Branch & Address _____
City & State _____ zip/postal code _____

Sender Information (print) _____

Phone _____ Address _____
City & State _____ zip/postal code _____
Identification: _____ # _____ Issued _____ Exp. _____

Any request received prior to 2:30 pm will be processed on the current business day, provided all required information is correct. If this request is received after 2:30 pm, it will be processed on the next business day. It is understood that the above transaction is made at my request and my accommodation, that the bank acts only as my agent and assumes no responsibility beyond ordinary care and diligence regarding the timely completion of this transaction.

Customer Signature: _____

For Internal Use Only:

Prepared by: _____ **Date/Time:** _____

Approved by: _____ **Date/Time:** _____

Collected Balance: \$ _____ **Hold/Memo Posted:** _____

If request was phoned, faxed, or emailed in, employee who verified a Preauthorization for Wire Transfer is on file _____

Customer Signature Verified By: _____ **Reference #** _____