Date: _____



International Wire Transfer Request

Amount\$	_		Foreign Currency	⊠No
Process Fee\$	Conversion Amount \$		If Yes, Currency Type	
Total\$	Acct Analysis	Excha	nge Rate	
Check/Charge Acct#	Cash Received By_			
Destination Bank				
ABA#/Swift Code	N	Iame		-
Intermediary Bank (if applicable)				
ABA#/Swift Code	N	Iame		
Physical Address		City/State/zip		
Beneficiary Bank:				
ABA#/Swift Code	N	lame		
Physical Address				
Beneficiary				
Account#	Name			
Physical Address				
Originator (print)				
Account#	Name			
Physical Address				
Identification				-
Special Instructions (if applicable)				_
Purpose of wire				_
Relationship to sender				-
Any request received prior to 2:00 pm will be after 2:00 pm, it will be processed on the nex	-		-	-
the bank acts only as my agent and assumes	no responsibility beyond ordin	ary care and diligence reg	arding the timely completion of t	his transaction.
Customer Signature:				
For Internal Use Only: Prepared by:	Data /Tima			
Collected Balance: \$				
Cross Application (w/ wire debit T/C): _				
Approved by:				
Method wire received (Circle One): In 1	Person Via Phone Via E	Email Via Fax		
If a <u>signed</u> wire request form was faxed or emcustomer's signature with ID Signature Card transfers on file an employee will call to confi	nailed in an employee will call the . If a customer makes an outgo	ne customer to confirm ide	e, fax, or email, and has a Pre-au	thorization for wire
Callback performed by:	Customer	Signature Verified By:		