

# Outgoing Wire Transfer Request Form

\* Required Fields for Domestic and International Wires    ^ Required Fields for International Wires Only

## Sending Customer Information

Account Name \* \_\_\_\_\_

Account Address\* \_\_\_\_\_

Amount of Wire \* \_\_\_\_\_ Currency Type ^ \_\_\_\_\_ Date \* \_\_\_\_\_

## Receiving Bank Information

Bank Name \* \_\_\_\_\_

Bank Address ^ \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*(Domestic Wires Only)*

Bank ABA Number \* \_\_\_\_\_

*(International Wires Only)*

Swift Code^ \_\_\_\_\_

Sort Code \_\_\_\_\_ Country ^ \_\_\_\_\_

## Second Bank Information (If Applicable)

Bank Name \_\_\_\_\_

ABA Number or Swift Number \_\_\_\_\_ Account Number \_\_\_\_\_

## Beneficiary Account Holder (Pay to)

Name \* \_\_\_\_\_

Account Number \* \_\_\_\_\_

Address \_\_\_\_\_

Reference \_\_\_\_\_

## For Further Credit (If Applicable)

Name \_\_\_\_\_

Account Number \_\_\_\_\_

Reference \_\_\_\_\_

## Authorized Signer

*(By signing, I am authorizing South Central Bank to transfer funds by wire as shown above. I understand that my account will be debited for the amount of the wire and any applicable fees. I verify that I am an authorized signer on this account and able to initiate wire transfers. I warrant that the information given above is valid and correct.)*

Payment Method: Charge My  Checking  Savings    Account Number \* \_\_\_\_\_

Printed Name \* \_\_\_\_\_ Signed Name \* \_\_\_\_\_

### -----For Bank Use Only-----

**Y** - OFAC Checked /Copy attached?    **Y or N** - Collected Funds in Account?    **Y or N** - Memo debit placed on Acct/Copy attached?    **Y or N** - Tickets Made/Copy attached?

**Y or N** - Signer authorized per W/T agreement? (Business customers only)

**Y or N** - Fee Charged for Wire Transfer \$ \_\_\_\_\_.

If an **N** is circled, the officer or manager who made the exception will need to print their name & initial here: \_\_\_\_\_.

Name of Employee accepting wire transfer form: \_\_\_\_\_.

Reference Number: \_\_\_\_\_ W/T put on system by: \_\_\_\_\_ Manager/Officer approved by: \_\_\_\_\_

Call Back Completed By: \_\_\_\_\_ Date: \_\_\_\_\_ Spoke to: \_\_\_\_\_ Verified by: \_\_\_\_\_

*Revised (07/05)*

Please fax the completed form to our bookkeeping department at (312) 492-6918.