



Wire Transfer Authorization Request

INSTRUCTED AGENT (RECEIVING FINANCIAL INSTITUTION)

Routing #: _____ **Financial Institution:** _____

City: _____ **State:** _____ **Zip:** _____

Transfer Amount \$ _____

DEBTOR INFORMATION (ORIGINATOR)

Name or Business: _____

Account #: _____ **Phone #:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

CREDITOR INFORMATION (BENEFICIARY)

Name or Business: _____

Account #: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

CREDITOR AGENT (BENEFICIARY BANK IF APPLICABLE)

Routing #: _____ **Financial Institution:** _____

City: _____ **State:** _____ **Zip:** _____

Remittance Information (Purpose) _____

Authorization

The above information is true and correct to the best of my knowledge. I understand the receiving bank may apply funds based on the account number alone, whether correct or incorrect, and that I am liable for any incorrect information provided.

Originator Signature: _____ Date: _____

OFFICE USE ONLY

Prepared by: _____

If fax, email, or phone request - call back made to customer:

OFAC Check: _____

Yes _____ No _____

Verified by: _____

By Employee: _____