

Outgoing Funds Transfer Form

Date: _____ Time: _____ Prepared By: _____

Domestic: **International:** **Fee:** _____ **Fee Waived:** **(attach approval)**

Purpose: Personal Business **Reason :** _____

Amount in US Dollars: _____ Amount in Foreign: _____ Foreign Currency Type: _____

Originator: _____ Account # (Identifier): _____

Originator Address: _____ Phone: _____

Domestic Wires: Beneficiary Bank (FI) Name: _____ ABA: _____

Bank Address: _____

International Wires: Beneficiary Bank (FI) Name: _____ Swift: _____

IBAN: _____ Intl Transit (Canada): _____

Intermediary FI Name: _____ ABA: _____

Beneficiary Name: _____ Account # (Identifier): _____

Beneficiary Address: _____

Originator to Beneficiary Info: _____

CONDITIONS

It is hereby agreed that in accepting and effecting this transfer, no liability shall attach to BANK or to its correspondents for any loss or damage sustained by reason of delays, mistakes, omissions, interruptions, mutilations, or errors on the part of the telephone or telegraph companies or any other agencies or their employees. BANK may make use of any of its correspondents or their sub-agents or other agencies in effecting this transfer and disclaims all liability for their acts or omissions, these risks being expressly assumed by the remitter. If payment is to be made upon surrender of documents, securities or papers of any kind, it is understood that BANK or its correspondents shall not be responsible for the validity, genuineness, or authenticity of same, nor for the quality or quantity of property covered thereby. The BANK, in its discretion, may refuse to execute the transfer under any circumstances at any time. The BANK further reserves the right to offset against the balance of any of the account holder's account with the BANK in the event that the wire transfer results in an overdraft from the account to be charged.

X _____ **Date:** _____

Originator/Authorized Signer

Printed Name

For Internal Use Only

Input By: _____ Ref #: _____ Account Balance (attach printout): _____

Wire Received by: In Person Phone Email **(attach request)** Fax **(attach request)**

Verification Method Used for Fax or Email Request: _____

Officer Approval **X** _____

X _____ (2nd approval if necessary)

For Funds Transfer Dept. Use Only

Date: _____ Time: _____ Input Verified/Released by: _____

Call Back Verification: Spoke to: _____ Call Back Verified by: _____

Agreement on File: Pin Verified:

OFAC: Passed Failed If failed, provide OFAC reason and explanation: _____