

WIRE TRANSFER REQUEST FORM

SECTION A - CUSTOMER INFORMATION

Method of Request: In person Fax

CUSTOMER NAME: Account#

ADDRESS

City State/Country Postal Code

PURPOSE OF WIRE:

Date Time Rec'd Contact Phone Number

SECTION B - INTERMEDIATE BANK INFORMATION (if applicable)

Intermediate Bank Name:

ABA Number/S.W.I.F.T. Code:

City State/Country

SECTION C - BENEFICIARY BANK INFORMATION

Name of Bank Receiving Funds:

ABA Number/S.W.I.F.T. Code: Account Number(if applicable):

City State/Country

SECTION D - BENEFICIARY INFORMATION

Beneficiary Name: D.O.B. :

Account Number:

Address

City State/Country Postal Code

Additional Instructions (Optional)

SECTION E - INTERNAL VERIFICATION (Initial to Verify)

Available Funds Verified By: Debit Memo Posted By:

Call Back Contact: Phone Number: PIN Verified By:

Accounting Use Only

Wire Input By: Wire Verified By:

SECTION F - CUSTOMER AGREEMENT

BY SIGNING BELOW, I HEREBY AUTHORIZE UNIVERSITY BANK TO SEND THE WIRE STATED ABOVE BY DEBITING MY ACCOUNT HERE AT THE BANK. I UNDERSTAND THAT UNIVERSITY BANK IS NOT RESPONSIBLE FOR ANY ERRORS OR OMISSIONS OF ANY KIND OF OTHER FINANCIAL INSTITUTIONS. I ALSO AGREE TO PAY THE FEES STATED BELOW.

INCONSISTENCIES BETWEEN NAME AND ACCOUNT NUMBER: IF YOU GIVE UNIVERSITY BANK A FUNDS TRANSFER ORDER WHICH IDENTIFIES THE BENEFICIARY BY BOTH NAME AND IDENTIFYING OR ACCOUNT NUMBER, PAYMENT MAY BE MADE BY THE RECEIVING INSTITUTION ON THE BASIS OF THE IDENTIFYING ACCOUNT NUMBER, EVEN IF THE NUMBER IDENTIFIES A PERSON DIFFERENT THAN THE NAMED BENEFICIARY. THIS MEANS THAT YOU WILL BE RESPONSIBLE TO THE BANK IF THE FUNDS TRANSFER IS COMPLETED ON THE BASIS OF THE IDENTIFICATION NUMBER YOU PROVIDED. IF YOU GIVE UNIVERSITY BANK A FUNDS TRANSFER WHICH IDENTIFIES THE INTERMEDIARY OR BENEFICIARY'S FINANCIAL INSTITUTION BY BOTH NAME AND AN IDENTIFYING NUMBER, A RECEIVING INSTITUTION MAY RELY ON THE NUMBER AS PROPER IDENTIFICATION EVEN IF IT IDENTIFIES A DIFFERENT ENTITY THAN THE NAMED INSTITUTION. THIS MEANS THAT YOU WILL BE RESPONSIBLE FOR ANY LOSS OR EXPENSES INCURRED BY A RECEIVING INSTITUTION WHICH EXECUTES OR ATTEMPTS TO EXECUTE THE PAYMENT ORDER IN RELIANCE ON THE IDENTIFYING NUMBER YOU PROVIDED.

WIRE AMOUNT

FEE AMOUNT:

Authorized Customer Signature:

Receiving Employee Signature

Supervisor Signature (If Wire Greater than \$5,000) Wire Forms.XLS