

WIRE TRANSFER REQUEST FORM To ensure accuracy, this form must be typed.

Wire #		

Date of Wire	Amount of Wire	Time of Request	
Wire Fee: Domestic - \$2 ORIGINATOR INFORMA' Client Name			
- 11 G': GT T'			
Account Number			
Comments			
INTERMEDIARY BANK I	NFORMATION (IF NECESSARY)		
Intermediary ABA Numbe	er		
Intermediary Bank Name			
BANK INFORMATION			
ABA Number:	SWIFT Code:		
D 1 M	For International Wi	ires	
		124.	
		City	
State/Province:	Country	Postal Code	
BENEFICIARY INFORMA Full Name:	TION		
A d.d	C	City	
State/Province	Country	Postal Code	
A NI I			
G ' 1 T ' ' '			
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that such transfer of funds is su understand the Resurgens Bank for domestic wires & 2:30 p.m.	ubject to the Resurgens Bank's transfer agreement and will provide a conversion rate at the time the wire tra	herein (including debiting my account if applicable), and agree d applicable fees. If this is a foreign currency wire transfer, I unsfer is sent. I understand the wire cut-off times are 4:00 p.m.	
Customer Signature	Name:	Date	
Second Signature	Name.		
	Name:		
BANK USE ONLY			
Approval Sigr			
Approval Sigr	nature		
CALL BACK INFORMAT	ION		
Name of Contact:		Verified By:	
Phone Nur	mber:		
WIRE DEPARTMENT ON			
Available l			
Enter	ed By:	Time:	
Verifi	ed By:	Time:	