

WIRE/FUNDS TRANSFER ACTIVITY RECORD

INSTRUCTIONS: Always complete Sections A and E, B or C. Complete Section D only as applicable.

SECTION A

Customer Name	Customer Account Number (if any)	Amount \$
Order Received	A.M. P.M.	<input type="checkbox"/> Outgoing (Complete Section B) <input type="checkbox"/> Incoming (Complete Section C)
Date	Time	

SECTION B

Originator's Name	Account Number	Taxpayer Identification Number
Name of Originator's Authorized Representative (if applicable)		Authorization Verified with Bank Records? <input type="checkbox"/> Yes <input type="checkbox"/> No
Originator's Address (Street / City / State / Zip Code)		
Wire Instruction Received By: <input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Fax <input type="checkbox"/> Other (specify)		
Beneficiary's Name		
Beneficiary's Address (Street / City / State / Zip Code)		
Receiver Bank and Address		ABA Routing Number
Beneficiary's Bank and Address (Street / City / State / Zip Code)		ABA Routing Number
Execution Date	Beneficiary's Account Number (if known)	
Special Instructions		

SECTION C

Beneficiary's Name	Account Number
Beneficiary's Authorized Representative (if applicable)	Authorization Verification Method (e.g., power of attorney, corporate resolution)
Beneficiary's Address (Street / City / State / Zip Code)	
Taxpayer Identification Number	Copy of Payment Order Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Payments Made in Person: Type and Number of Identification (e.g., driver's license and number)	
Special Instructions	

▼ COMPLETE SECTION D ONLY IF THE CUSTOMER IS NOT AN ACCOUNT HOLDER WITH THIS BANK ▼

SECTION D

1. WHERE ORDER RECEIVED FROM OR PAYMENT MADE TO AUTHORIZED REPRESENTATIVE:

Representative's Name & Address	Social Security Number
Driver' License Number and State	If No Driver's License, Other type of ID Identification Number

2. ORDER RECEIVED IN PERSON FROM ORIGINATOR:

Driver's License Number and State	If no Driver's License, Other type of ID Identification Number
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SECTION E – PAYMENT METHOD

Cash Credit Card Check #: _____ Debit/Credit
Account #: _____ Drawn on: _____ Authorized Acct. #:
Issuer: _____

Fee \$	Call Back Made by (signature) X
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Use of Applicable Security Procedures Confirmed by (Signature)
X

Log Entries Made By (print and sign name)
X

Approved by (signature)
X