



Sender Information (Originator)

Outgoing Wire Transfer Request

Date of Transfer: _____ Amount of wire transfer US Dollar\$ _____

Bank of Santa Clarita Account Number _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Receiver Information (Beneficiary)

Beneficiary Name: _____

Beneficiary Address: _____

Beneficiary City: _____ State: _____ Zip Code: _____

Beneficiary Account Number _____

Beneficiary Financial Institution

Beneficiary's Bank Routing # _____

Beneficiary's Bank Name _____

Beneficiary's Bank Address _____

Beneficiary's City/State/Zip _____

Originator to Beneficiary Text: _____

Intermediary Financial Information

Intermediary Bank Routing # _____

Intermediary Bank Name _____

Intermediary Bank Address _____

Intermediary City/State/Zip _____

Customer Signature

Internal Use: Wire Instructions Received By: Phone In Person Fax Other

Customer Authentication By: _____ Method Used: (A) ____ (B) ____ (C) ____ (Other) _____

Wire Approved By: _____ Wire Input By: _____

Wire Verified By: _____ OFAC Checked: Balance Checked: Time Received: _____