DOMESTIC WIRE TRANSFER & ACH INSTRUCTIONS

Domestic transfers only • Print clearly or type • * = Required field

CONFIDENTIAL — Contains sensitive financial information. Handle securely.

TRANSFER TYPE: ☐ Domestic Wire ☐ ACH Credit ☐ ACH Debit

1. ACCOUNT HOLDER / REQUESTOR INFORMATION

Full Legal Name / Company Name *

First Name | **Last Name**

Mailing Address *

City | **State** | **ZIP Code**

Primary Phone * ( ) - | **Mobile / Alternate Phone** ( ) - | **Email Address ***

Tax ID / EIN (or last 4 of SSN) * XXX-XX- | **Date of Request *** MM/DD/YYYY

3. BENEFICIARY / RECIPIENT'S BANK (RECEIVING BANK — DOMESTIC ONLY)

Receiving Bank Name *

ABA / Routing Number (9 digits) * _ _ _ _ _ _ _ _ _ | **Bank Branch / Location**

Bank Street Address

City | **State** | **ZIP Code**

Bank Phone Number ( ) - | **Bank Contact / Officer Name (optional)**

4. BENEFICIARY / RECIPIENT ACCOUNT INFORMATION

Account Holder Full Legal Name *

Account Number * | **Confirm Account Number ***

Account Type *

☐ Checking ☐ Savings ☐ Money Market ☐ Business Checking

Beneficiary Street Address

City | **State** | **ZIP Code**

Beneficiary Phone * ( ) - | **Beneficiary Mobile** ( ) - | **Beneficiary Email**

7. ACH-SPECIFIC INFORMATION (COMPLETE FOR ACH ONLY — LEAVE BLANK FOR WIRE)

SEC Code
e.g. PPD, CCD

Company Entry Description
e.g. PAYROLL

Effective Entry Date
MM/DD/YYYY

Individual / Employee Name

Individual ID / Employee ID

Payment Amount *
$

Memo / Addenda / Reference

WIRE CONFIRMATION — CALL-BACK VERIFICATION (REQUIRED FOR ALL WIRE TRANSFERS)

For fraud prevention, wire instructions will be verified by phone before processing. Provide contact(s) authorized to confirm.

Confirmation Contact Full Name *

Direct Confirmation Phone (no voicemail) *
( ) -

Alternate Contact Name

Alternate Confirmation Phone *
( ) -

Best Time to Call *
e.g. 9 AM – 5 PM EST

Call-Back Notes / Instructions

Preferred Callback Method
☐ Phone Call ☐ Text / SMS

8. AUTHORIZATION & SIGNATURE

By signing below, I/we authorize the transfer of funds as described and certify all information is accurate and complete. I/we understand domestic wire transfers may be irrevocable once processed and agree to indemnify and hold harmless the financial institution from any losses arising from incorrect information. I/we consent to call-back verification prior to release of funds.

PRIMARY AUTHORIZED SIGNER

Signature *

Date *
MM/DD/YYYY

Print Full Name *

Title / Role *

Direct Phone Number *
( ) -

SECONDARY AUTHORIZED SIGNER (if required / dual-control policy)

Signature

Date
MM/DD/YYYY

Print Full Name

Title / Role

Direct Phone Number
( ) -

FOR OFFICE / BANK USE ONLY

Received By: _____ Approved By: _____ Confirmation / Fed Ref #: _____ Date Processed: _____

Call-Back Verified By: _____ Call-Back Time & Date: _____ Wire / Trace Ref #: _____ Processing Notes: _____