

# Domestic Wire Transfer Authorization

Brickyard Bank only accepts this form In-Person or by FAX. Please do not e-mail this form to Brickyard Bank. Date

**Originator (Sender) Information**

Name/Title of Account \_\_\_\_\_ Account Number \_\_\_\_\_  
 Street Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Receiving Bank Information**

Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_  
 Street Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Beneficiary (Receiver) Information**

Beneficiary Name \_\_\_\_\_ Account Number \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**For Further Credit Information**

Name / Title of Entity \_\_\_\_\_ Account Number \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Other Instructions and/or Information**
**Wire Transfer Selections and Amount**

Dollar Amount of Wire Transfer \_\_\_\_\_ **Wire Transfer Fee: \$25.00**

**Originator Authorization**

Customer Signature \_\_\_\_\_

Please attach all support pertaining to this wire transfer (Fax Authorization)

Fax Authorization - Customer Identity Verified  Yes  No Initials: \_\_\_\_\_

Call Back Contact Name: \_\_\_\_\_ Call Back Verification Date & Time: \_\_\_\_\_

**FOR BANK USE ONLY:**

Reference Number: \_\_\_\_\_  
 Created By: \_\_\_\_\_  
 Verified & Released By: \_\_\_\_\_  
 Funds Availability Verified:  Yes  No  
 Funds Memo Posted:  Yes  No  
 SSN/TIN# \_\_\_\_\_

**OFAC Screening Completed:**

Originator  Yes  No  
 Receiving Bank  Yes  No  
 Beneficiary  Yes  No  
 Further Credit Beneficiary  Yes  No  
 Method Received By  In Person  Fax  
 Approved By: \_\_\_\_\_

**FOR LOAN FUNDING USE ONLY:**

Borrower Name: \_\_\_\_\_ Loan Status  New  Existing  
 Borrower Name: \_\_\_\_\_ Loan Number: \_\_\_\_\_

## DOMESTIC WIRE TRANSFER REQUEST INSTRUCTIONAL GUIDE

This form is designed to assist in the completion of the Wire Transfer Request Form. Please read over the instructions carefully. Each line item on the request form is identified below with a brief description and/or purpose of the information.

**Fax completed forms to (847) 679-9077**

**Date:** Enter the date the transfer is to be completed.

### Originator (Sender) Information

- *Name/Title of Account:* Customer's or legal entities name on the account
- *Account Number:* Brickyard Bank account number to be debited.
- *Address:* Customer's or legal entities address for the above mentioned account.
- *Telephone Number:* Provide a current telephone to be reached easily if necessary.

### Receiving Bank Information

- *Bank Name:* The financial institution receiving the funds.
- *Routing Number:* The ABA Routing number of the institution receiving the funds.
- *Address:* The address of the institution receiving the funds.

### Beneficiary (Receiver) Information

- *Beneficiary Name:* The name of the person or entity receiving the wire transfer.
- *Account Number:* The account number of the recipient.
- *Address:* Enter the recipient's full and complete street address.

### Further Credit Information

- *Name:* The name of the person or entity receiving further credit from the wire transfer funds
- *Account number:* The account for the person or entity receiving further credit of the funds.
- *Address:* The address for the person or entity receiving further credit of the funds

### Other Instructions and/or Information

- If applicable, use this section to enter any miscellaneous or payment details pertaining to the transfer.

### Wire Transfer Selection and Amounts

- *Dollar Amount of Wire Transfer:* The amount of the funds to be transferred.
- *Fee Amount:* The amount the customer will be charged for the wire transfer.

### Originator Signature

- *Customer Signature:* The wire transfer must be signed prior to processing.

### FOR BANK USE:

**Do not** fill this section. This is for Brickyard Bank employees to complete upon receipt of the wire transfer form.