

## DOMESTIC OUTGOING WIRE TRANSFER FORM

Amount of Wire \$:			Date:		Purpose:							
		OI	RIGINATOR NAME ( <mark>SE</mark> I	NDER INFORMA	TION)							
Name:				Account #:								
BE	NEFICIARY/RE	CIPIENT INF	O (PERSON/COMPAN	Y RECEIVING WI	RE-FINAL DEST	ΤΙΝ	IATION)	)				
Bank Name		ABA/Routing #										
Name				Account #								
Street Address				City/State/Zip								
			CORRESPONDE	NT (IF APPLICAE	BLE)							
Bank Name				ABA/Routing								
Street Address				City/State/Zip								
					_							
For Further Credi	t/Snecial Instru	ıctions	SPECIAL INSTRU	JCTIONS (REQUI	RED)							
Torrardici cicar	., special matri	actions.										
												—
Originator's Signature:Date:												
nd Ciamatuma /if wa aud					Data							
nd Signature (if requi The wire fee for a c		- ¢25			Date:							
The wife fee for a c	iomestic wire i	3 723.										
we highly recomm	end not reque	sting wires	through email. email	is not secure an	d increases ris	sk a	and/or	wire	fraud. U	JTB		
		_	through UTB's online								may	
e denied. The Bar	nk is not liable	for any frai	ud occurring from em	ailed or phone i	n requests.							
			(For Bank U	se Onlv)								
Number Called:				Does It Match # on the System? YES:			NO:		Check (			
Who Did You Speak With?							Time:		officer n	nust a	pprove	
Willo Did Tod Speak	vvicii:						Tillie.					—
Question Asked:			Answer:				Ī	Corre	ct: Yes	T	No	
Question Asked:			Answer:					Corre	ect: Yes	+	No	
			Answer:									
Question Asked:								Correct: Yes			No	
Question Asked:			Answer:					Correct: Yes			No	
If they have a System Password, Ask It: Password:				-				Correct: Yes			No	
Entered By:			Initiated/Approved By:	itiated/Approved By:								
•					Sent B							

Member FDIC