

OUTGOING WIRE TRANSFER

Commerce National Bank & Trust FAX 407-622-8191

Send Date: _____

Originator: _____
Physical Address: _____
City/State/Zip: _____
Account Number: _____
Amount: _____

Beneficiary Bank: _____
Physical Address: _____
City/State/Zip: _____
ABA/Routing No: _____
Swift Code (for international wires) _____

Intermediary Bank (if needed): _____
Physical Address: _____
City/State/Zip: _____
ABA/Routing No: _____
Swift Code (for international wires) _____

Beneficiary: _____
Physical Address: _____
City/State/Zip: _____
Account Number: _____

Special Instructions: _____

By order of (print): _____
Physical Address: _____
City/State/Zip: _____

Customer Signature: X _____

NOTE: Wire requests received by fax will be verified via telephone with the originator.

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Bank use only

Approved by: _____
Approved by: (Over \$250,000) _____

Customer's Signature Verified: _____

Fee \$ _____ Charge fee to Account # _____

Input by: _____ Transmitted By _____

Time: _____ Time: _____

For Faxed Requests:

Call Back to _____

Time/Date/By: _____