

# Wire / Funds Transfer Form

All sections must be completed.

**Cut-off Times:** Domestic wire transfer requests must be received by the Wire Transfer Dept. no later than **3:00PM EST**, Mon-Fri. International wire transfer requests must be received by no later than **2:00PM EST**, Mon-Fri. Requests received after the stated deadlines will be processed the following business day. The Bank may execute a wire transfer request received after these deadlines, but shall have no obligation to do so.

## Section A-Originator Information

|  |                 |                 |
|--|-----------------|-----------------|
| Originator/Company Name:   | Account Number: | Wire Amount: \$ |
| Originator's Authorized Representative:  | Phone #:        |                 |
| Taxpayer Identification Number:  |                 |                 |
| Originator Address (physical <b>Street</b> address only; <b>NO PO Boxes</b> ):   |                 |                 |
| Originator Address (City, State, Zip):   |                 |                 |
| Date Order Received:   | Time:           | AM/PM           |
| Wire instruction received by:<br><input type="checkbox"/> IN PERSON <input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> OTHER(please specify) |                 |                 |

## Section B-Beneficiary Information

|  |                                      |
|--|--------------------------------------|
| Beneficiary Name:  |                                      |
| Beneficiary Address (physical <b>Street</b> address only; <b>NO P.O. Boxes</b> ):      |                                      |
| Beneficiary Address (City, State, Zip):  |                                      |
| Beneficiary Account Number:  | ABA Routing Number:                  |
| IBAN Number (Foreign wires):   | Bank SWIFT/BIC Code (Foreign wires): |
| Beneficiary Bank Name:   |                                      |
| Beneficiary Bank Address (physical <b>Street</b> address only; <b>NO P.O. Boxes</b> ): |                                      |
| Beneficiary Bank Address (City, State, Zip):   |                                      |
| Date of Wire:  |                                      |
| Purpose of wire / Special Instructions / Reference:                                    |                                      |

## Section C-Payment Method

**Originator's Responsibility:** The undersigned agrees that this wire transfer is irrevocable and that the sole obligation of the Brattleboro Savings & Loan is to exercise appropriate care in processing the wire transfer request and that it is not responsible for any losses due to incorrect information provided by me or as a result of any other party's involvement in processing this transfer request.

|   |  |
|---|--|
| Debit Authorized Account #              | Fee: \$25 domestic / \$40 foreign (circle one)             |
| Customer Signature ( <b>REQUIRED</b> ): | Employee signature:  |
| Call back made by (wire department):    | Fee: \$5 additional for confirmation (phone, fax or email) |
| Entered By (wire department):           | Verified by (wire department):                             |

### (BANK USE AREA ONLY)

**VERIFIED:**  ofac  swift  iban  sec 311  wire log  account

**CALLBACK AUTHENTICATION:**  ACH Activity  Check Activity  D/C Activity  Wire Activity  \_\_\_\_\_