

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 Street address only; NO PO Boxes):		
Originator Address (City, State, Zip):		
Date Order Received:	Time:	AM/PM
Wire Instruction Received By:	<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 Street address only; NO P.O. Boxes):	
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 Street address only; NO P.O. Boxes ; 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.

Customer Signature (REQUIRED):	Debit Authorized Account #:	Fee: \$25 domestic/\$40 foreign (circle one)
Employee Signature:	Entered By:	
Call back made by (wire department):	Fee: \$5 additional for confirmation (phone, fax, email)	
Initiated By (wire department):	Sent By (wire department):	

(BANK USE ONLY)

VERIFIED: ofac swift iban sec 311 wire log account

CALLBACK Authentication: ACH Activity Check Activity DC Activity Wire Activity Other _____