



**AUTHORIZATION FOR WIRE TRANSFER OF FUNDS**

To: Finance Wire Department  
Date:

# \_\_\_\_\_

Customer/Business Name: \_\_\_\_\_  
(as titled on account)

Customer/Business Address: \_\_\_\_\_  
**(required field)**

Telephone Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  
**(required field)**

Customer Signature: \_\_\_\_\_  
(Two signatures if required on account)

***Please wire transfer funds as directed below***

Wire Amount: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Total Debit: \_\_\_\_\_

First Receiving Institution Name: \_\_\_\_\_

First Receiving Institution's ABA/Routing #: \_\_\_\_\_

First Receiving Institution's Address: \_\_\_\_\_  
**(required field)**

Second Receiving Institution Name: \_\_\_\_\_

Second Receiving Institution's Acct # or Swift/BIC Code: \_\_\_\_\_

Second Receiving Institution's Address: \_\_\_\_\_  
**(required field)**

Final Account Title to be Credited: \_\_\_\_\_

Final Account # to Be Credited: \_\_\_\_\_

Address of Receiver: \_\_\_\_\_  
**(REQUIRED Field)**

Purpose: \_\_\_\_\_  
**(REQUIRED Field)**

Offsetting Entries: Cash: \_\_\_\_\_ Check: \_\_\_\_\_ W/D From: \_\_\_\_\_

Authorizing Officers  
(Two signatures required) \_\_\_\_\_  
\_\_\_\_\_

ENTERED BY: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

OFAC CHECK  
\_\_\_\_\_  
Date  
\_\_\_\_\_

**\*\*\*\*Please attach proof of processed transaction\*\*\*\***



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Wire Amount: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

Total Debit: \_\_\_\_\_

\*Fax verification:

Wire Amount:	
Account number:	
Social Security Number:	
Mother's Maiden Name:	
Receiver:	

Sawyer Savings Bank Verification

\_\_\_\_\_  
Bank Employee Signature

\_\_\_\_\_  
Date

\* At least three items must be verified