



CHIPPEWA VALLEY BANK

Wire Transfer Request-Domestic

Receiving Financial Institution Information

Routing #: _____

Name of Bank or Credit Union: _____

City: _____ State: _____

Transfer Amount \$ _____

Beneficiary (Receiver) Information

Name or Business: _____

Account #: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Originator (Sender) Information

Name or Business: _____

Account # _____ SS or EIN# _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Reason for Wire/Purpose of Payment: _____

Additional Information: _____

Authorization

The above information is true and correct to the best of my knowledge. I understand the receiving bank may apply funds based on the account number alone, whether correct or incorrect, and that I am liable for any incorrect information provided.

Originator Signature _____ Date _____

Originator Signature _____ Date _____

CVB Office Use Only

Prepared by: _____ Date & Time Rec'd: _____ Funds Verified: _____ OFAC Check: _____ Risk Assessment: _____

Authorized by: _____ Method Received by: _____ In Person _____ Fax _____ Email _____

Originator Identity Verified: _____ Account Debited: _____ Wire Agreement Verified (business only) _____ Pin Verified: _____

Callback Ph#: _____ Made to: _____ Made By: _____ Date & Time: _____

Accounting Dept Use Only

Form Verified: _____ Wire Agrmt Verified: _____ Acct Debit Verified: _____ Transfer Input: _____ Logged: _____

Form Verified: _____ Wire Agrmt Verified: _____ Acct Debit Verified: _____ Transfer Verified: _____

Confirmation Sent: _____ Logged: _____