CHIPPEWA VALLEY BANK

Wire Transfer Request-Domestic

Receiving Financial Institution Information

Instructed Agent (Routing #): _____

Instructed Agent Name (Bank or Credit Union Name):_____

Physical Address: _____

City:_____State:_____Zip:_____

Transfer Amount $_____

Beneficiary (Receiver) Information

Creditor (Name/Business Name):_____

Account #:_____

Physical Address: _____

City:_____State:_____Zip:_____

Originator (Sender) Information

Debtor (Name/Business Name):_____

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_____

Chippewa Valley Bank Use Only

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

Risk Assessment:_____ Method Received: _____In Person _____Fax _____Email Originator Identity Verified By: _____

Board Approved Initiator

Authorized By: _____ Funds Verified: _____ Account Debited: _____ Not Rec'd In Person? Addit'l Steps: _____

WTA Verified (Business Only):_____ PIN Verified _____

Callback Ph#:_____ Made to:_____Made by:_____Date & Time:_____

Operations Dept Use Only

Form Verified:_____ WTA Verified:_____ Funds Verified:_____ Acct Debit Verified:_____ Transfer Input: _____ Logged:_____

Not Rec'd In Person? Addit'l Steps: _____

Form Verified:_____ WTA Verified:_____ Funds Verified:_____ Acct Debit Verified:_____ Verified:_____

Not Rec'd In Person? Addit'l Steps: _____

Confirmation Sent:_____ Logged:_____