



Quail Creek Bank

Domestic Wire Request Form

Originator Information		
Wire Amount:	Debit Acct. No.:	Wire Fee:
Customer Name:	Physical Address:	City, State, Zip Code:
Intermediary Bank (i.e. Bankers Bank)		
Bank Name:	ABA #:	
Beneficiary Information		
Beneficiary Bank Name	ABA # or Account #(if required due to Intermediary)	
Beneficiary (Customer) Name:	Customer Account #:	
Physical Address:	City, State, Zip Code:	
Further Credit:	Other Instructions:	
Customer's Signature: _____		
		Date: _____
Employee Accepted via: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email From Customer:		

Notice: By signing this form, I authorize Quail Creek Bank n.a. to transfer funds from my account as set forth in the above instructions and agree that the wire transfer is subject to a fee as shown.

For Internal Bank Use Only			
Date & Time Request Received:	Received By:	Approved By:	
Method of Verifying Customer's Identity:	Call Back Date & Time:	Call Back By:	
	Call Back Number:	Person You Spoke With:	
FOR WIRE DEPARTMENT PERSONNEL ONLY			
Wire Input By:	Wire Verified By:	Wire Released By:	OFAC Verified By:

Wire Cutoff Time is 2:00 PM