



Outgoing Wire Request Form
All wire requests must be received prior to 4:00 p.m.

Date:
Account Name: Phone Number:
Address: Account Number:
Amount: Purpose of Wire:

Recipient Bank Information:

ABA/Routing# (Domestic):
Bank Name:
City: State:
Beneficiary Account Number:
Title/Name on Bank Account: Contact Number:
Address of Beneficiary:
Additional Information (optional):

If wiring outside the US

SWIFT Code (International):
IBAN Code (European Bank):

Intermediary Bank Information (if necessary): Some banks can only receive bank wires through an intermediary bank. Please include necessary information if applicable.

Intermediary Bank Name:
ABA# or Swift Code:

For further credit to (if necessary):

Name: Account Number:

To prevent potential fraudulent transactions, have you verbally confirmed the instructions with the beneficiary of the wire? Yes No

Signature:

My signature here indicates agreement to all of the information on this Outgoing Wire Transfer Request. Key Community Bank is authorized to rely on the information on this Request in making the requested funds transfer.

Customer/ Authorized Signature: Date:

FOR INTERNAL BANK USE ONLY - OUTGOING WIRES ONLY

Date: Time Request Received: Fee:
Request Made: In Person Fax Email Phone Other: Internal-Advance on LOC
Information Verified: Photo ID Signature Card Call Back to: Password/PIN (Only Recurring)
Available Balance of Account: Collected Balance of Account:
Wire Entered By (initial): Time: Wire Verified By (initial): Time:
Approval Signature(s) X X