

FOREIGN WIRE TRANSFER REQUEST FORM

DATE: _____

FAX TO: CATIE, BARB, OR LAURA

FROM OFFICE: _____ TELLER: _____

CUSTOMER'S NAME: _____

ADDRESS: _____

DAYTIME PH NO. _____ ACCOUNT # DEBITED: _____

WIRE INSTRUCTIONS

AMOUNT _____ + \$45.00 wire fee

(UBB 1002301000 Amount of wire + \$25.00 fee Wire Fee 4800601000 \$20.00)

BENEFICIARY BANK _____

ADDRESS _____

CITY & COUNTRY _____

S.W.I.F.T., COUNTRY OR SORT CODE # _____

CREDIT ACCOUNT NAME _____

ADDRESS _____

CITY, STATE, & ZIP _____

CREDIT ACCT# _____

FINAL CREDIT ACCOUNT NAME _____

(If applicable)

FINAL CREDIT ACCOUNT # _____

(If applicable)

REFERENCE _____

NOTE: (Please complete 2, 3, 4 – Required for wire verification)

1. If there are any documents with wiring instructions, is so, make a copy and attach

2. Authorization Request: (a) Verbal ___ (b) In Person ___ (c) Phone ___ (d) Other ___

3. Purpose for this wire transfer _____

4. Has originator had verbal contact with beneficiary: Yes ___ No ___

By signing below, I certify the information listed is accurate and complete. I authorize Hometown Bank to process this transaction based on the information provided.

BY ORDER OF _____ Date _____

(CUSTOMER'S SIGNATURE)