

DOMESTIC WIRE TRANSFER REQUEST

CANYON COMMUNITY BANK, N.A

(CUTOFF TIME 12:30 FEE \$15.00)

PLEASE PRINT OR TYPE CLEARLY

AMOUNT INFORMATION

Amount: \$ _____

Effective Date: _____

BENEFICIARY BANK INFORMATION

(Bank where beneficiary holds account)

Bank Name: _____

Bank Address: _____

Bank ID: _____

(ABA or Routing Number)

ORIGINATOR INFORMATION

Debit Account #: _____

Account Name: _____

Account Address: _____

BENEFICIARY INFORMATION

Credit Account #: _____

Account Name: _____

Account Address: _____

Reference: _____

ID REQUIRED: _____ DRIVER'S LICENSE _____ PASSPORT	
STATE (COUNTRY): _____	NUMBER: _____
TAX ID NUMBER: _____	PHONE NUMBER: _____

Canyon Community Bank shall not be liable to the undersigned or other third parties for failure to make any transfer of funds if such failure is due to causes or conditions beyond Canyon Community Banks control. The undersigned agrees to indemnify Canyon Community Bank and hold Canyon Community Bank harmless against all claims of the undersigned or third parties arising out of, in connection with, or by reason of such failure to perform.

AUTHORIZED CUSTOMER/ ORIGINATOR SIGNATURE

AVAILABLE FUNDS IN ACCOUNT

TAKEN BY (EMPLOYEE SIGNATURE)

TAKEN BY (EMPLOYEE PRINTED NAME)

PRINTED NAME OF CUSTOMER WHO WAS VERIFIED

METHOD OF VERIFICATION (SSN-Verbal Code ETC..)

INPUT

VERIFY