



CHIPPEWA VALLEY BANK

Wire Transfer Request-Domestic

Receiving Financial Institution Information

Routing #: _____

Name of Bank or Credit Union: _____

City: _____ State: _____

Transfer Amount \$ _____

Beneficiary (Receiver) Information

Name or Business: _____

Account #: _____ Account Type: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Additional Information: _____

Originator (Sender) Information

Name or Business: _____

Account # _____ SS or EIN# _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Reason for Wire/Purpose of Payment: _____

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 _____

CVB Office Use Only

Prepared by: _____ OFAC Check: _____ Risk Assessment: _____ Funds Verified: _____

Authorized by: _____ Account Debited: _____ Acct/Originator Verified by: _____

Wire Agreement Verified (business only): _____

Callback Ph#: _____ Callback Made to: _____ Callback by: _____

Accounting Dept Use Only

Form Verified 1st by: _____ Wire Agrmt Verified 1st by: _____ Acct Debit 1st Verified by: _____

Form Verified 2nd by: _____ Wire Agrmt Verified 2nd by: _____ Acct Debit 2nd Verified by: _____

Transfer Input by: _____ Transfer Verified by: _____