



WIRE TRANSFER OUTGOING REQUEST

NOTE: If Wire Transfer request is received after 11 A.M. (PST), it will be processed the next business day.

Request Date	Request Time	Effective Date	Currency type to be Sent	Foreign Currency

Wire Transfer Sender Information:

Wire Amount in US Dollars:	Wire Fees:	Total Amount Received (USD):		
Name:	Account Number:	Day Time Phone:		
Street Address:	City:	State:	Zip:	Country:
Purpose of Wire (for \$3,000.00 or more):				

Beneficiary Information:

Account Name:	Account Number:			
Street Address:	City:	State:	ZIP:	Country:
Text to Recipient:				

Beneficiary Bank Information:

Bank Name:	Bank ABA Number / SWIFT Code:			
Street Address:	City:	State:	ZIP:	Country:
Intermediary Bank Name (Optional):	Bank ABA Number / SWIFT Code:			
Street Address:	City:	State:	ZIP:	Country:

My signature here indicates that I have the authority to execute this agreement for fund transfers from the named account above, and agree to the terms and conditions of Uniti Bank Wire Transfer Agreement on back page of this application. Uniti Bank is authorized to rely on the information on this request in making the requested fund transfer.

Customer Signature:	Date:

Cancellation Notice: If this is a consumer international wire transfer, you have the right to cancel the remittance transfer within 30 minutes of payment and obtain a refund of all funds paid to the bank, including any fees, unless the funds have been picked up or deposited.

Method of Communication for cancellation: Phone Call () E-Mail () In-Person () Employee Received By: _____

By signing here, I agree to cancel the wire and I have received all funds paid to the bank.

Signature if Cancellation: _____ Date: _____ Time: _____

Bank Use Only- Do Not Complete the Sections Below

Source of Funds:	Fund Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Confirmation of Request for Fund Transfer Agreement (If applicable):				Branch Stamp:
Debit Account No:		Callback By:	Callback Phone No:	Callback made to (Authorized Customer):	Callback Time:	
Accepted By:	Approved By:	Over Limit Approved By: (If applicable)				

Wire Department Use Only

Wire Tracking Information:

Fund Transfer Date:	Fund Transfer Ref. No:	OFAC Checked:	Entered By:	Verified By:	Approved By: