



OUTGOING WIRE TRANSFER REQUEST **Fee \$19.95**
AUTHORIZATION/CONFIRMATION FORM

CB Revision: 8/2008

*You must complete all information in BLUE and disgnated with an * below.*

ALL WIRE REQUESTS MUST BE ROUTED TO OPERATIONS PRIOR TO TRANSFER

CUSTOMER/NON-CUSTOMER ORIGINATOR

ADDITIONAL NON-CUSTOMER INFORMATION

Repetitive Code:

- * Your Name:
- * Contact phone #:
- * Address:

* TIN/SS#:

METHOD OF VERIFICATION: _____

* Amount: _____

ISSUED BY: _____

<p>* Century Bank Direct Account to be Debited:</p> <p>ACCOUNT BALANCE:</p>
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BENEFICIARY INFORMATION:

- * Beneficiary Bank:
- * ABA Routing Number:
- * Address of Beneficiary Bank:

* Account to be Credited:

- * Name of Beneficiary:
- * Address of Beneficiary:
- * City, State, Zip of Beneficiary:

* For Further Credit: Deposit

This information is a complete and accurate payment order as attested by the Originator's signature of approval.

<p>* ORIGINATORS' SIGNATURE OF APPROVAL:</p> <p>_____</p>

<p>OFAC VERIFICATION: attach print or note status</p> <p>Originator: OK _____</p> <p>Beneficiary: OK _____</p> <p>Employee initials: _____</p>

Request Method: _____

Re-verification of wire request completed by _____

Re-verification of wire by Signature Card or Phone call (circle 1)

Employee Accepting Wire: _____

Date: _____

Time: _____

Service Charged Waived by: _____

Wire Created By: _____

Date: _____

Wire Committed By: _____

Date: _____

ATTACH A COPY OF PAYMENT

SECOND OFFICER APPROVAL IF OVER \$1,000,000

<p>OFFICER APPROVAL:</p>

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Account Memo Posted by: _____