



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

CB Revision: 6/2010

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

**ALL WIRE REQUESTS MUST BE ROUTED TO OPERATIONS PRIOR TO TRANSFER**

CUSTOMER ORIGINATOR

**Repetitive Code:**

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

\* TIN/SS#:

METHOD OF VERIFICATION: \_\_\_\_\_

\* Amount: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_

\* Century Bank Direct Account  
to be Debited:

**COLLECTED BALANCE:**

**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.

\* ORIGINATORS' SIGNATURE OF APPROVAL:

\_\_\_\_\_

**OFAC VERIFICATION: attach print or note status**

Originator: **OK** \_\_\_\_\_

Beneficiary: **OK** \_\_\_\_\_

Employee initials: \_\_\_\_\_

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**

OFFICER APPROVAL:

OFFICER APPROVAL:

Account Memo Posted by: \_\_\_\_\_