

One-Time Wire Transfer Request

FORM **C.13**

RELEASER CONFIRMATION

Use this form to initiate/release a **one-time** *wire transfer. Fax this form to the fax number at the bottom of the page.*

Dom	International Wire Transfer (TC 153)												
Agency No.	Agency Name			Account to	o Be Charge	d							
Transfer Dat	Amount Format (International Only) FX Currency Code Currency Codes												
Beneficiary Name						Account No. (IBAN for International) Country (International Only)							
Street Address						City			State/Province		ZIP/P	ZIP/Postal Code	
Message to B	eneficiary (Optio	nal)									1		
Financial Institution Name Use Intermediary Financial Institution						Wire ABA Routing Transit Number SWIFT Code (Inte					nternation	nal Only)	
Street Address						City State				Country (International Only)			
Intermediary Financial Institution Name (International Only) (Optional)					Accou	Account No./IBAN				SWIFT Code			
Street Address						City Sta				Country			
24 hours	'notice (fr	om the 1	:30 a.m. w 10:30 a.m. a ansfers gre	leadlin	e) for tr	ansf	ers be						
Check box f you need to use electronic signatures Learn more	Authorized Initiator Signature			Date (m/d,	/уууу)								
	Name			Title				Pho	Phone Number				
	Authorized Releaser Signature			Date (m/d,	/уууу)								
	Name			Title		,		Pho	Phone Number				
					Sias. Verified	INIT	TALS	TREASURY DATE	USE ONLY	IN	ITIALS	DATE	
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