

## DOMESTIC WIRE TRANSFER REQUEST

I authorize The Bancorp Bank, N.A. (Bank) to make a wire transfer of funds from my deposit account with the Bank to the beneficiary's account identified below.

**Please complete the information below to authorize a written wire transfer request.**

The Wire Transfer Department is open Monday through Friday 8:30 AM ET to 5:00 PM ET. Outgoing wire transfer requests received prior to 4:00 PM ET will be processed the same business day if funds are available and call back verification has been completed (when applicable). An incomplete form will delay processing.

Fee(s) may be assessed by the receiving, intermediary and/or beneficiary financial institution(s) for a wire transfer returned for insufficient or incorrect information which you provided that prevented the funds from being applied to the beneficiary account. The fee(s) may vary and will be deducted from the funds returned to your deposit account by the financial institution(s) charging the fee(s).

### PART 1: Originator (Sender) Information

Customer Name \_\_\_\_\_ Customer Account Number \_\_\_\_\_

Customer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ ZIP Code \_\_\_\_\_

### PART 2: Beneficiary (Recipient) Information

Beneficiary Account Name \_\_\_\_\_ Beneficiary Account Number \_\_\_\_\_

Beneficiary Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ ZIP Code \_\_\_\_\_

Beneficiary Bank Name \_\_\_\_\_ ABA Routing Number \_\_\_\_\_  
(Please verify ABA number is valid for wire transfer with beneficiary bank.)

Beneficiary Bank Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ ZIP Code \_\_\_\_\_

Your Reference (if any) \_\_\_\_\_

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## PART 3: Amount of Wire Transfer

Amount of Transfer Purpose of Wire (please include specific reason for the wire transfer request\*)

\*Completion of the "Purpose of Wire" section is mandatory. Provide a brief, specific description of the purpose of the money transfer. The Bank has a responsibility to understand each customer's transactions to determine if a transfer fits the customer's profile. If no apparent purpose is provided or is unclear the Bank's Wire Transfer Department may contact the customer for additional information.

## PART 4: Customer's Signature and Call Back Number

Signature of Authorized Account Signer Date (mm/dd/yyyy)

Print Name Phone Number on File for Call-back Verification

Note: Callback verification may be required prior to processing the wire. For commercial and trust accounts a Wire Transfer Agreement and Signature Card/Application must be on file, and Caller ID/PIN Identification must be provided during the callback verification. For consumer accounts, a Signature Card/Application must be on file and customer identification must be validated during the callback verification. The customer takes full responsibility and assumes any and all liability for unauthorized account access, identity theft and/or fraud.

Please **mail or fax** this completed form to:

cfb Banking Services Attn: Wire Transfer Department  
409 Silverside Road, Suite 105, Wilmington, DE 19809

Fax: 302.385.5188

## FOR BANK USE ONLY

Date Account Opened (mm/dd/yyyy) Account Status Available Balance Signature Card Verified

Wire Transfer Agreement Verified Customer's Authorized Rep. Last 6 digits of Customer's SSN or TIN Purpose of Wire Verified

Telephone Number on File Verified Callback Verification Date (mm/dd/yyyy) Callback Verification Time Callback Telephone Number

Wire Room Verification by Wire Transfer Entered by Wire Transfer Verified by

Wire Approval Signature (if applicable) Exception Approval Date Processed