



Wire Transfer Form – Outgoing Domestic

Date: _____ Amount: _____ Type: ___ Cash ___ Guaranteed Funds

Fee: _____ Requested: ___ In Person ___ Phone ___ Other _____

Originator/Remitter Information

Name: _____ Summit Account Number: _____

Physical Address: _____ Phone Number: _____

Intermediary/Receiving Bank Information – Optional

Bank Name: _____ ABA# (Routing #): _____

Physical Address: _____ Phone Number: _____

Beneficiary Bank Information

Bank Name: _____ ABA# (Routing #): _____

Physical Address: _____ Phone Number: _____

Beneficiary Information

Name: _____ Beneficiary's Account Number: _____

Physical Address: _____ Phone Number: _____

I, hereby authorize Summit National Bank to transfer funds by wire as shown above. I understand that my account will be debited for the amount of the wire plus applicable fees. I agree to hold Summit National Bank harmless if the funds are not received and credited due to incorrect information provided above.

Authorizing Signature: _____ Date: _____

Special Wiring Instructions: _____

Call Back Verification – Data Center Use Only

Name of Person Authorizing Transfer: _____ Amount Authorized: _____

Password or Identifying Information: _____

Date: _____ Time: _____ Employee Signature: _____

OFAC _____ Built _____ Verified _____ Sent _____