FRONTIER BANK

INTERNATIONAL WIRE TRANSFER REQUEST

International wires require 7 to 10 business days to reach their final destination

NOTE: THE ORIGINATOR MUST COMPLETE THE ENTIRE FORM. WIRES WILL NOT BE SENT WITHOUT THE ADDRESS OF THE ORIGINATOR OR BENEFICIARY. ALL FUNDS WIRED MUST BE COLLECTED BALANCES OR CASH PAYMENT. WIRES MUST HAVE AUTHORIZED SIGNATURES. WIRES ARE ACCEPTED FOR FRONTIER BANK CUSTOMERS ONLY.

****WIRE REQUESTS RECEIVED AFTER 2:00 PM WILL BE PROCESSED ON THE NEXT BUSINESS DAY.****

061120217 Frontier Bank

Please mark one of the following:

REPETITIVE WIRE: ☐

NON-REPETITIVE WIRE: ☐

Consumer ☐
(Governed by Account Agreement)*

Commercial ☐
(Governed by Wire Transfer Agreement)**

Verified funds COLLECTED: _____

Amount: $ _____ **plus** $50.00 wire fee

Account Number to be debited: a _____

Savings ☐ **Checking** ☐ **Other:** _____
(Please circle One)

ID/Driver's License No. of Originator: _____
(ID/Driver's License No. of Originator required)

Originator: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Phone: _____

Fax: _____

BRANCH REPRESENTATIVE (If wire amount exceeds your signing authority, Branch Officer must sign below) **DATE**

Received:
☐ In Person
☐ Via Fax
☐ Via Telephone

***If approving wire transfer on uncollected and unavailable funds, explanation MUST be given below or wire WILL NOT be processed.**

WIRE DEPT USE ONLY!
Wire has been returned due to the following reason:

Officer's UNSECURED Lending Limit

Exceeding unsecured lending limit must have Area Executive Officer approval

BRANCH OFFICER **DATE**

WIRE TO:

INTERNATIONAL SWIFT CODE: _____

Receiver Bank ABA: _____ **(MUST BE 9 DIGITS)**

Receiver Bank Name: _____

Beneficiary Account No.: _____

Beneficiary Account Name: _____

Beneficiary Address: (No P.O. Box) _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Originator to Beneficiary:
(Additional Information)
(57 characters)

(X) _____ _____
*Account Owner (Consumer) (Date)

OFAC Verified by: _____
Date Verified:

(X) _____ _____
**Account Owner/Authorized Agent (Commercial) (Date)