



FRONTIER BANK INTERNATIONAL WIRE TRANSFER AUTHORIZATION

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, N.A. CUSTOMERS ONLY.

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

061120217 Frontier Bank Account Number to be debited: _____
 REPETITIVE WIRE: Savings Checking Other: _____
 NON-REPETITIVE WIRE: (Please Circle One) Please describe _____
 Cash received: YES or NO ID/Driver's License No. of Originator: _____
 (ID/Driver's License No. of Originator required)
 Originator: _____
Verified funds COLLECTED: _____ Address: _____
Amount: \$ _____ plus City: _____
 State: _____
 \$35.00 International Wire Fee Zip: _____
 Country: _____
 Fax: _____
 Phone: _____

Received:
<input type="checkbox"/> In Person
<input type="checkbox"/> Via Fax

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

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

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

Area Executive Officer Approval

Exceeding unsecured lending limit must have Area Executive Officer's **UNSECURED Lending Limit** Officer approval

Area Executive Officer Approval

BRANCH OFFICER **DATE**

WIRE TO:
INTERNATIONAL SWIFT CODE: _____
 Receiver Bank Name: _____
 Receiver Bank Address: _____
 Beneficiary Account No.: _____
 Beneficiary Account Name: _____
Beneficiary Address: (No P.O. Box) _____
City: _____ **State:** _____ **Zip:** _____ **Country:** _____
 Reference To Beneficiary: _____
 Originator To Beneficiary: _____
 (Additional Information)

(X) _____ (Account Owner Authorized Signature) _____ (Date)

Wire Authorization

OFAC Verified by: _____
Date Verified: _____



FRONTIER BANK WIRE TRANSFER AUTHORIZATION

Wire Transfer Authorization.xls

NOTE: THE ORIGINATOR MUST COMPLETE THE ENTIRE FORM. WIRES WILL NOT BE SENT WITHOUT THE PHYSICAL 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	<input checked="" type="checkbox"/>	Account Number to be debited:	_____
REPETITIVE WIRE:	<input type="checkbox"/>	Savings Checking Other:	_____
NON-REPETITIVE WIRE:	<input type="checkbox"/>	(Please Circle One)	_____ Please describe
Cash received:	YES or NO	ID/Driver's License No. of Originator:	_____
		(ID/Driver's License No. of Originator required)	_____
Verified funds COLLECTED:	_____	Originator:	_____
Amount: \$ _____	plus	Address:	_____
_____	\$20.00 wire fee	City:	_____
_____		State:	_____
		Zip:	_____
		Phone:	_____
		Fax:	_____

Received:
_____ In Person
_____ Via Fax

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

***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

Area Executive Officer Approval

Area Executive Officer Approval

BRANCH OFFICER _____ **DATE**

WIRE TO:

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

Receiver Bank Name: _____

Beneficiary Account No.: _____

Beneficiary Account Name: _____

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

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

Reference To Beneficiary: _____

Originator To Beneficiary: _____
(Additional Information)

(X) _____
(Account Owner Authorized Signature) _____ (Date)

Wire Authorization _____

OFAC Verified by:	_____
Date Verified:	_____