

Citizens Bank of Georgia
Wire Transfer Request Form

DATE _____ REQUEST TAKEN BY: _____ *OFFICER APPROVAL _____

TYPE: CONSUMER BUSINESS
TIME TAKEN _____

CUSTOMER NAME: _____ AMOUNT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER FOR CUSTOMER: _____

ORIGINATOR ACCT# _____

RECEIVING BANK: _____ CITY _____ ST. _____

ABA/SWIFT RECEIVING BANK _____

TO FURTHER CREDIT: _____
(SECOND BANK NAME, CITY, STATE, WHEN APPLICABLE)

ABA OR ACCOUNT # AT 2ND BANK _____

PERSON TO RECEIVE FUNDS: NAME _____

ADDRESS _____

ACCT # _____

SPECIAL INSTRUCTIONS _____

BY ORDER OF (Customer Name) _____

CUSTOMER SIGNATURE: _____

CALL BACK VERIFIED BY: _____ EMPLOYEE INTIALS _____

TICKETS MADE BY: _____ AMT. OF FEE COLLECTED \$ _____

ACCOUNT NO. _____

OPERATIONS USE ONLY:

Wire entered by: _____ Date: _____ Time: _____

Wire sent by: _____ Date: _____ Time: _____

***REQUIRED FOR NON-ESTABLISHED CUSTOMERS or \$500,000 AND OVER**