

International Wire Transfer Request

EMAIL TO: Operations@Cornerstonebk.com

Date	Time	Time		Amount			у Туре		Fee
			\$			□US	Dollar 🗌 Fore	eign	\$
			Sender	Informat	ion				
Name (Originator	<i>-</i>)								
Account Number				Check one of the following:					
				Checking Savings Loar					tificates
Street Address	City				State	Zip Code			
A / D)	Da Guadita		r Informat		N I I	T- D- Co-lite	1	
Account Name (B	Account Number To Be Credited								
Beneficiary Street	Beneficia	n, City			Country	Zip Code			
beneficiary Street Address				Deriencia	ry City			Country	Zip Code
Beneficiary Bank Name				Bank Rou	ıtina ID	OR	Swift Code		
					9				
Beneficiary Bank Street Address				Beneficia	ry City			Country	Zip Code
-									
Intermediary Bank (if applicable)				Bank Rou	ıting ID	OR	Swift Code		
Intermediary Bank Street Address				Intermed	iary Bank	City	•	State	Zip Code
			Special	l Instruction	ons				
Customer Signature (must be authorized signer)								Date	
x.									
			(For	Bank Use	Only)				
Time Received	n Verified With	(must be a	uthorized	signer)	Time verified		Date		
				_					
☐ AM ☐ PM VIA: ☐ Telephone					Fax Received	Email	AM	PM Date	
Memo Available Balance Date \$				raken/	received	БУ		Date	
	ank Officer\ ^	Must have	two officers are	rove if over	r ¢ 250 000	2)		<u> </u>	
Authorized By (B	oank Officer) (/	riust nave	two officers appi	iove if ovei	\$250,000	<i>))</i>			