



Wire Transfer Request

EMAIL TO: Operations@Cornerstonebk.com

Date	Time	Amount \$	Fee \$ 25.00	Recurring: Yes No
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Sender Information

Name (Originator)

Account Number	Select one of the following: Checking Savings Loans Certificates
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Street Address	City	State	Zip Code
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Receiver Information

Receiving Bank Name	Receiving Bank ABA #
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Account Name (Beneficiary) To Be Credited	Account Number To Be Credited
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Beneficiary Street Address	Beneficiary City	State	Zip Code
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Special Instructions

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Customer Signature (must be authorized signer) x.	Date
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(For Bank Use Only)

Time Received	Date	Person Verified With (must be authorized signer)	Time verified	Date
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<input type="checkbox"/> AM <input type="checkbox"/> PM	VIA: <input type="checkbox"/> Telephone <input type="checkbox"/> In Person <input type="checkbox"/> Fax <input type="checkbox"/> Email	<input type="checkbox"/> AM <input type="checkbox"/> PM
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Memo Available Balance \$	Date	Taken / Received By	Date
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Authorized By (Bank Officer) (Must have two officers approve if over \$250,000)
