



Wire Transfer Request

EMAIL TO: Operations@Cornerstonebk.com

Date	Time	Amount \$	Fee \$ 30.00	Recurring: Yes No
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Sender Information

Name (Originator)				
Account Number		Select one of the following: Checking Savings Loans Certificates		
Street Address		City	State	Zip Code

Receiver Information

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

Special Instructions

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
<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	
Memo Available Balance \$	Date	Taken / Received By	Date	

Authorized By **(Bank Officer)** (Must have two officers approve if over \$250,000)