



Banking

Auto Club Trust, FSB
Member FDIC

Wire Transfer Request

Branch _____

Transfer Date: _____

Amount: _____

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Originator/Sender (Your) Information	Savings	Checking
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Name/Title on Account: _____	<input type="checkbox"/>	Account #: _____
Sender Address: _____		Telephone: _____
Purpose of Transfer: _____		

Beneficiary/Receiver Information	Domestic	International
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Beneficiary/Receiving Bank: _____	<input type="checkbox"/>	Bank Address: _____
Routing ABA/SWIFT/SORT: _____		
Beneficiary Name: _____		Beneficiary Address: _____
Account #: _____		
Intermediary Bank (if applicable): _____		Bank Address: _____
ABA/Swift: _____		

Originator Authorization

By signing below, I authorize Auto Club Trust, FSB to execute the above funds transfer instruction in accordance with the Account Terms and Conditions received at account opening.

Authorized Signature and Date	2nd Signature if Applicable

Bank/Cash Management Use Only:

Received: In Person Fax Web	ID Verified (Type, Issued, Expires)	WireXchange
Received By: _____	ID Type _____	Entered by _____
Callback Verification	ID Number _____	Confirmed by _____
Date _____ Time _____	Issue Date _____ Expiration Date _____	Confirm/IMAD: _____
Funds Verified <input type="checkbox"/>	Approved by _____	