Sherwood Community Bank

7/26/2023

Outgoing Wire Transfer Request

Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Wire Through MIB UMB

**Originator**

Account No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Transfer $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (**physical address**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Request Placed By: (check as appropriate)

* In Person **Cash involved Yes or No**
* Phone
* Email (copy attached)
* Funds Transfer Agreement (on file)
* Mail/Fax (copy attached)

**Instructing Bank**

Sherwood Community Bank

202 D Street/PO Box 68

Creighton, MO 64739

Routing No. 101209412

**Destination Bank (receiving) Beneficiary Bank (if needed)**

Routing No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (destination bank’s Correspondent)

Bank Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

**Beneficiary (person receiving)**

Account No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (physical address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_

I/we certify that the information contained herein is true, complete and accurate. I/we herby agree to indemnify and hold Sherwood Community Bank harmless from and against any loss, claim, damage or liability arising out of or resulting from any action taken by Sherwood Community Bank in reliance upon instruction provided in the request and authorization form. I/we authorize Sherwood Community Bank to transfer funds and debit my/our account for the amount of funds transferred as well as and including applicable fees as set forth in the instructions herein. I/we agree that such transfer of funds is subject to the Sherwood Community Bank Funds Transfer Agreement found on page 2 of this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Originator Signature Date

Wire Transfer Fee:

$15.00 Domestic

\_\_ Collected \_\_ Waived

$50.00 International

\_\_ Collected \_\_ Waived

**Bank Use Only**

Received By:\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_ am/pm

Initiated By: \_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_ am/pm

Confirmed By: \_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_ am/pm

Posting/Tickets \_\_\_\_\_\_\_ **TIN#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**