INTERNATIONAL BANK OF CHICAGO

OUTGOING WIRE TRANSFER REQUEST

Wire request by Fax or Email, Customers must have a Wire Transfer Agreement Established with us. Please sign and fax to: International Bank of Chicago (773)-769-2686

Check Box if Foreign Wire

□ International Wire

Amount		**Fee	Date	
*Receiver Bank				
*ABA#	Telegra	phic name:		
*Beneficiary:			*Acct #	·
*Address:				
*Relationship to the Originator				
*Beneficiary Bank:			*Acct./SWIFT/ABA	
Address:				
			Acct#	
Address:				
Payment Instruction:				
Is the originator a consumer *Is the Originator sending the wire *What is the purpose of this wire to th	e on behalf of anothe		o If yes who Name/EIN	
• •	•		ABA#	
Authorization/Customer Signature- If y in file and fax in the request, please p		wo signatures, please be sure both	signatures appear below. For customer with	repetitive wiring agreemer
1			2	
1Print Name /Authorized Signature		In Person /CIF code	Print Name /Authorized Signatur	е
************	********	***********	*************	******
Wire accepted by: Print name and Sig	gn		Time:	
Signature & Balance verified by Print	Name/Sign:		Available balance:	
1st Approval Print/Sign			2 nd Approval (If over \$20,000.00) Print/s	 Sign
Fedline Input by:	Date	Verified by:	Date	
*Required field				

^{**}Wiring fee exception or waive of fee need Officer's or Branch Manager Initial next to the fee amount as the acknowledgement & approval