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# _____ Telegraphic name: _____

*Beneficiary: _____*Acct.#_____

*Address: _____

*Relationship to the Originator_____

*Beneficiary Bank: _____*Acct./SWIFT/ABA_____

Address: _____

Originator: _____ Acct.# _____

Address: _____

_____

Payment Instruction: _____

_____

Is the originator a consumer ☐ Yes ☐ No

*Is the Originator sending the wire on behalf of another party? ☐ Yes ☐ No If yes who Name/Ein _____

*What is the purpose of this wire to the Beneficiary _____

*Intermediary Bank Information if any_____ABA#_____

Authorization/Customer Signature- If your account requires two signatures, please be sure both signatures appear below. For customer with repetitive wiring agreement in file and fax in the request, please provide access code.

1._____ _____ 2. _____
Print Name /Authorized Signature In Person /CIF code Print Name /Authorized Signature

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Wire accepted by: Print name and Sign_____ Time: _____

Signature & Balance verified by Print Name/Sign: _____ Available balance: _____

_____ _____
1st Approval Print/Sign 2nd Approval (If over $20,000.00) Print/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

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