

Wire Transfer Form

Originator Information

(Debit Information for NewDominion Bank Account Holder)

Wire Amount:	<input type="checkbox"/> USD: \$	<input type="checkbox"/> Foreign Currency: \$	Type:
Account Number to Debit:			
Name on Account:			
SSN/TIN of Account Holder:			
Address:			
City, State, Zip:			
Country:			

Payee's Information (Wire Recipient)

Payee's Account/IBAN #:	Type of Account:
Payee's Name on Account:	
Payee's Physical Address:	
City, State/Providence, Zip/Country:	
Payee's Bank Name:	
Payee's Routing Number / SWIFT Code:	
Payee's Bank Physical Address:	
City, State/Providence, Zip:	
Country:	
For Further Credit To (if applicable):	

Payee's Intermediary Bank Information (Use if Applicable)

Intermediary Bank Name:	
Intermediary Bank Routing Number/ SWIFT Code:	
Interm. Bank Physical Address:	
City, State/Providence, Zip	
Country:	
Beneficiary Reference (if applicable):	

Additional Information (Use if Applicable)

Originator to Beneficiary:	
Beneficiary Information:	
Reason for International Wire:	

I (we) understand that once this request has been processed, the funds will have permanently transferred to the above payee and that a stop payment order will be impossible. This payment implements an agreement between the undersigned originator and the beneficiary. NewDominion Bank is not part of this agreement and has no obligations other than to wire transfer the funds in accordance with this request. I (we) understand that NewDominion Bank handles wire transfer requests as expeditiously as possible, but NewDominion Bank cannot guarantee that this request will be completed in any specific time period.

Customer Signature

Date

For Internal Use Only

Method of Receipt:	<input type="checkbox"/> In Person	<input type="checkbox"/> Fax	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail	<input type="checkbox"/> Other: _____
Method of ID:	<input type="checkbox"/> Originator's Driver's License (Issuance State & #):				
	<input type="checkbox"/> Other Identification:				
Call Back Verification Information (Date, Time, Name, Phone # Called):					
Method of Payment:	<input type="checkbox"/> Cash:	<input type="checkbox"/> Check:	<input type="checkbox"/> Debit to Account/GL #:	<input type="checkbox"/> Misc:	
Prepared By (Print Name):				Approved By (Print Name):	
Signature:				Approver's Signature:	
Date:	Time:		Fee:		