



P.O. Box 7056, Pasadena CA 91109-9699

Contact Center: 855-462-2652

WIRE TRANSFER AUTHORIZATION FORM

PLEASE NOTE: Signed form may be returned via fax (866) 914-1578 or email (to bankingforms@cit.com) prior to 1:30 p.m. Eastern Time (10:30 a.m. Pacific Time) to be initiated the same day (excluding federal holidays).

1. REQUIRED – Sender Account Information

Date wire to be sent:	Wire transfer amount in U.S. Dollars
CIT Bank Account Number:	Name(s) on your CIT Bank Account (as it appears on your statement):

2. REQUIRED – Receiving Bank Information (CIT Bank Sends Domestic Wires Only)

Receiving Bank Name and Phone Number:	Receiving Bank Wire Routing and Transit Number or ABA (should be 9 digits):
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3. REQUIRED – Beneficiary Information or Intermediary Financial Institution

Beneficiary Name or Intermediary Financial Institution Name and Phone Number:	Beneficiary Account Number or Intermediary Account Number, ABA, or Routing Number:
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4. SPECIAL INSTRUCTIONS, Final Credit (only to be completed when using intermediary)

Final Beneficiary Name, Final Credit To (F/C): For Benefit of (FBO), Further Credit To: Name or Special Instructions	Final Beneficiary Account Number or Reference Number:
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5. AGREEMENT

- This form is for one-time, outbound wire transfer transaction AND must be signed by the CIT Bank Account Holder(s) / Authorized Signer to process the request.
- For security purposes, CIT Bank may contact you a second time to verify the information that you provided within this request. We must use contact information we already have on file. Your preferred method(s) of contact are:

☐ Cell Phone ☐ Home Phone ☐ Work Phone ☐ E-Mail

- Regardless of any other written or verbal representations to the contrary, additional verification processes may delay the execution of these wire instructions regardless of the date requested in Section 1.
- Wire transfers requested to other than accounts previously linked to the sending account information contained in Section 1 of this form may be subject to delays regardless of execution date requested in Section 1 of this form.
- You must ensure that the account number of the beneficiary and the bank routing number of the beneficiary's bank are correct. In the event that the beneficiary account number that you provide to us does not match the beneficiary name that you provide us, we shall remit the funds to the designated beneficiary account and shall not be liable for failing to attempt to reconcile the name and the account number in your instructions. CIT Bank cannot guarantee with regard to the length of time it takes for the funds to be credited to the receiving account after a wire is initiated.
- CIT Bank reserves the right to only execute a wire transfer(s) to customer account information on record at CIT Bank and reserves the right to only execute wire transfers to Receiving Bank Information that is on record at CIT Bank.
- We shall not be liable for refusing to execute a wire transfer instruction based on our reasonable belief that such wire is violative of applicable law or could cause CIT Bank to incur legal liability for following your instructions.

6. AUTHORIZATION

I certify that the information provided on this form is true and accurate and I (we) authorize this transaction. I (We) hereby agree to indemnify and hold CIT Bank, N.A. harmless from and against any loss, claim, damage, or liability arising out of or resulting from any action taken by CIT Bank in reliance upon instructions provided under this Wire Transfer Authorization that CIT Bank in good faith believes to be genuine.	
Account Holder's Signature / Authorized Signer	Today's Date:
Additional Account Holder's Signature / Authorized Signer	Today's Date: