PRESIDENTIAL BANK

4520 East West Hwy • Bethesda, MD 20814

Customer Wire Transfer Order

Instructions:
- All information must be filled out completely.
- Unless previous fax authorization on file, this form must be completed in person or mailed to the Bank address.

Customer Account Information To Be Debited

Date wire to be sent: _____

Name: _____ Contact Phone #: _____
Name _____ Debit from Account#: _____
Address: _____ Wire Amount: _____
_____ Currency Type: ☑ US$
_____ ☐ Other: _____

Bank of First Deposit

Bank Name: _____ Bank ABA#(Domestic): _____
Bank City: _____ or Swift Code (Int'l Only): _____
Bank State/Country: _____ IRC or other code may be req'd for Int'l: _____

Bank for Further Credit (If Applicable)

Bank Name: _____ Bank ABA#(Domestic): _____
Bank City: _____ or Swift Code (Int'l Only): _____
Bank State/Country: _____ IRC or other code may be req'd for Int'l: _____

Beneficiary Information

Account Holder Name: _____ Account#: _____
Account Holder Address: _____ **and** IBAN# _____
_____ for Foreign/Int'l wires only (if available)
Note: Req'd for European Countries

Purpose of Wire **(Required)**: _____
Relationship to Beneficiary **(Required):** _____
Special Instructions: _____

All wire transfer instructions are subject to verification and final approval by Presidential Bank. Final credit to beneficiaries account is subject to verification and approval by receiving bank.

*I(We) authorize Presidential Bank to debit my (our) account for the amount of this wire, plus the wire fee (see Schedule of Fees for current wire fees). Other fees may be assessed by the intermediary, correspondent or the receiving banks which will be debited from the transmitted wire amount and are the responsibility of you the customer(s).

*Foreign currency wires only:
- I(We) agree to the foreign wire currency exchange rate, to be determined at the time the wire is processed.
- Foreign/International wires may take **3 or more business days** to reach the beneficiary.

_____ _____
Date Customer Signature

_____ _____
Date Customer Signature

BANK USE ONLY: [ ] Walk-In [ ] Original Letter [ ] Fax (previous fax-authorization must be on file)

Wire Received & Approved by: _____ Date: _____ Time: _____

Second Approval & Verification: _____ Date: _____ Time: _____
Wire Input to PX by: _____ Date: _____ Time: _____
OFAC: ☐ PASS ☐ REVIEW Clear (if applicable): _____ Date: _____ Time: _____
Final Approval: _____ Date: _____ Time: _____
Verified in PX by: _____ Date: _____ Time: _____
Released in PX by: _____ Date: _____ Time: _____

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