

**DOMESTIC OUTGOING WIRE TRANSFER REQUEST & AUTHORIZATION FORM**

Account #:	Wire Amount: \$	
Account Title:		
Street Address:	Telephone #:	
City:	State:	Zip:
Email address:		

INTERMEDIARY BANK DATA (if applicable)

Transfer to:	
Intermediary Bank Name:	ABA-Routing #:
Branch Information:	

For Further Credit to:	<input type="checkbox"/> Check here if Name & Address information is same as Sender
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Destination Bank:

Bank Name:	ABA-Routing #:
Branch Information:	

BENEFICIARY DATA (Person or Company Receiving Funds)

For Further Credit to:	<input type="checkbox"/> Check here if Name & Address information is same as Sender	
Name of Beneficiary:	Account # (Required):	
Street Address :		
City:	State:	Zip:

Special Instructions:

**Wire Transfer Requests must be received by 12:00 noon Eastern Time.
Domestic Outgoing WIRE FEE= \$20.00**

In addition to the Landmark Bank "[Terms and Conditions of Your Account](#)" which I acknowledge and agree to, I also agree to indemnify and hold Landmark Bank (the Bank), its directors, officers, employees, and attorneys, harmless for any losses, claims, damages or liabilities, including attorney's fees, arising from or related to the Bank's acceptance and processing of wire transfer instructions which I approve or which my representatives provide whether in person, by mail or by fax. I understand the Bank is under no obligation to verify either the accuracy of the instructions or my representative's authority to affect such wire transfers.

The Bank is authorized and directed to make transfers and to act upon instructions relating to transfers upon receipt, whether by the original written request, via facsimile transmission, or in person, which on their face appear authentic. The Bank will perform reasonable security measures/procedures to verify authenticity of the instructions prior to processing, which include a verification of signature on this form to the account agreement on file and; if this request was received in a facsimile transmission, callback procedures using contact information on our records which will include verification of personal information on file. However, any request acted upon by the Bank, whether or not authorized by the account holder, shall be treated as the account holder's authorized and authentic request.

The undersigned hereby acknowledges receipt of a copy of this authorization, certifies to the correctness of all information herein contained and requests and authorizes the Bank to complete the transfer using the instructions detailed above.

Signature:	Date:
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Name (Printed):

For Bank Use Only

Wire amount (written out):

Prepared By:	Approved By:	Acting Dept Use Only:
Date/Time:	OFAC Verified:	OFAC Rcvd:

Callback Verification by:	FATF Not required for Domestic Wires- For Int'l Wires, use Int'l Wire Form
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Current Available Balance:	R/T Verified:
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