

# STIFEL | STIFEL BANK

## Outgoing Domestic Wire Transfer Request

*(Please fax all wire requests to 314-621-0446 no later than 4:00 pm)*

Date:

Time:

\_\_\_\_\_

\_\_\_\_\_

### Originator Data

Sender's Name:

\_\_\_\_\_

Sender's Address:

\_\_\_\_\_

\_\_\_\_\_

Account Number to Charge:

\_\_\_\_\_

Dollar Amount:

\_\_\_\_\_

### Receiving Bank Data:

Institution Name:

\_\_\_\_\_

Institution Address:

\_\_\_\_\_

City, State, Zip:

\_\_\_\_\_

ABA Routing Number:

\_\_\_\_\_

### Beneficiary Bank Data:

Institution Name:

\_\_\_\_\_

Institution Address:

\_\_\_\_\_

City, State, Zip:

\_\_\_\_\_

ABA Rtg No./Acct #:

\_\_\_\_\_

### Beneficiary Data:

Beneficiary's Name:

\_\_\_\_\_

Beneficiary's Address:

\_\_\_\_\_

**(REQUIRED)**

\_\_\_\_\_

Account Number to Credit:

\_\_\_\_\_

Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

### Sender's Signature:

\_\_\_\_\_

### Sender's Contact Name & Phone Number:

\_\_\_\_\_

### For Bank Use Only (Rev092018)

Entered By: \_\_\_\_\_

Verified By: \_\_\_\_\_

Ref #: \_\_\_\_\_

OFAC: \_\_\_\_\_

Charged: \_\_\_\_\_

Confirmation \_\_\_\_\_

Callback Verified: \_\_\_\_\_