

Date: \_\_\_\_\_ Wire Type: \_\_\_\_\_ Domestic \_\_\_\_\_ International Amount: \$ \_\_\_\_\_

Currency Type: \_\_\_\_\_ U.S. Dollars \_\_\_\_\_ To Be Sent in Other Currency (Type): \_\_\_\_\_

Debit Account #: \_\_\_\_\_ Method of Request: \_\_\_\_\_ In Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Fee Collected: \$ _____	Approval: _____
Funds Collected?: _____ Yes _____ No	Approval: _____
Outgoing Domestic: \$25.00	
Outgoing International: \$50.00	
<i>(Officer approval required for waived fee and/or uncollected funds.)</i>	

**For Bank Use Only**

**RECEIVING BANK INFORMATION:**

Routing Number/ABA (Domestic): \_\_\_\_\_ SWIFT/BIC (International): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

**ORIGINATOR INFORMATION:**

Originator: \_\_\_\_\_

Originator Address: \_\_\_\_\_

**BENEFICIARY INFORMATION:**

Beneficiary: \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

Beneficiary Account #: \_\_\_\_\_

Further Instructions: \_\_\_\_\_

I request that the SSB Community Bank execute a wire transfer according to the instructions that I have provided above. I acknowledge that I am fully responsible for the completeness and accuracy of these instructions. I agree to the Terms & Conditions re: wire transfer that I was given upon account opening from the bank. As payment for this wire transfer, including any changes, I authorize the Bank to debit the account listed above.

Please note: If your payment order identifies a beneficiary by name and number, the receiving bank may rely upon identifying number rather than the name to make payment, even if the number identifies an account that might be held by someone other than the person named. The transfer of funds may be affected through any one, or a series of, correspondent banks of the beneficiary's bank or of SSB Community Bank in a manner deemed most appropriate and effective by them or any other bank participating in the funds transfer. SSB Community Bank will exercise reasonable care in making the requested funds transfer. In no event, however, will the Bank be liable for any consequential damages except where required by law. You further agree that the Bank shall not be liable for any error, or delay or default on part or any agent used by the Bank.

**Originator's Authorization:** \_\_\_\_\_

**Main Office**  
152 N. Wooster Avenue  
P.O. Box 107  
Strasburg, OH 44680

**Berlin Office**  
4599 State Route 39  
P.O. Box 416  
Berlin, OH 44610

**Dover Office**  
804 Boulevard  
Dover, OH 44622

Phone: 330-878-5555  
Fax: 330-878-5508

Phone: 330-893-7055  
Fax: 330-893-7057

Phone: 330-364-9898  
Fax: 330-364-9760

[ssbonline.com](http://ssbonline.com)

