

UBB Wire Transfer – Outgoing

I hereby request that SSB Community Bank wire transfer funds as detailed below:

Customer Signature Date

Amount: _____ Fee: _____

Originator

Identifier(Account Number): _____

Name: _____

Address: _____

Address: _____

Phone Number: _____

Receiver Bank

ABA: _____

Bank Name: _____

Beneficiary

Identifier(Account Number): _____

Name: _____

Address: _____

Address: _____

Beneficiary Reference: _____

