



# DESERT COMMERCIAL BANK WIRE TRANSFER REQUEST

**In an effort to ensure same day processing, ALL wire instructions should be received by 1:00pm**

<b>DOMESTIC</b>		<b>FOREIGN</b>		DATE:	TIME:
U.S. DOLLAR AMOUNT: \$ _____		U.S. DOLLAR AMOUNT: \$ _____		REPETITIVE NO.:	
TRANSFER FEE: \$ _____		TRANSFER FEE: \$ _____		REFERENCE NO.:	
<input type="checkbox"/> Charged <input type="checkbox"/> Analyze <input type="checkbox"/> Bank Use <input type="checkbox"/> Waive		<input type="checkbox"/> Charged <input type="checkbox"/> Analyze <input type="checkbox"/> Waive			
TOTAL AMOUNT: \$ _____		TOTAL AMOUNT: \$ _____			
SENDER ABA: <b>12244003</b>	NAME/TITLE OF ACCOUNT BEING DEBITED:				
REQUESTER:			ACCOUNT NUMBER TO BE DEBITED:		
ADDRESS ON ACCOUNT					
BBK: BENEFICIARY BANK - BANK FUNDS ARE BEING WIRED TO:				ABA NUMBER:	
ADDRESS, CITY, STATE, ZIP CODE (AND COUNTRY, IF FOREIGN)				ACCOUNT TO CREDIT:	
BNF: BENEFICIARY NAME					
IBK: INTERMEDIARY BANK (DO NOT USE IF SAME AS RECEIVING BANK)				ABA NUMBER:	
IBK: INTERMEDIARY BANK ADDRESS, CITY, STATE, ZIP CODE (AND COUNTRY IF FOREIGN)					
OBI: ADDITIONAL BENEFICIARY INFORMATION (I.E. INVOICE NUMBERS, LOAN NUMBERS, POLICY NUMBERS, ETC.)					
<p><b>TO THE EXTENT NOT PROHIBITED BY LAW, THE UNDERSIGNED AGREES THAT THIS WIRE TRANSFER IS IRREVOCABLE AND THAT THE SOLE OBLIGATION OF DESERT COMMERCIAL BANK IS TO EXERCISE ORDINARY CARE IN PROCESSING THIS WIRE TRANSFER AND IS NOT RESPONSIBLE FOR ANY LOSS(ES) OR DELAY(S) WHICH OCCUR AS A RESULT OF ANY OTHER PARTY(IES) INVOLVEMENT IN PROCESSING THIS TRANSFER.</b></p> <p><b>NOTICE: THE BENEFICIARY'S BANK MAY MAKE PAYMENT BASED UPON THE BENEFICIARY ACCOUNT LISTED ABOVE, EVEN IF IT IDENTIFIES A PERSON DIFFERENT FROM THE NAMED BENEFICIARY.</b></p>					
<b>X</b> _____ REMITTER'S SIGNATURE			<b>x</b> _____ REMITTER'S SIGNATURE		
IDENTIFICATION: _____			IDENTIFICATION: _____		
Method of Request: <input type="checkbox"/> In Person <input type="checkbox"/> Fax <input type="checkbox"/> Phone			Fax/Phone Call Back Verified By: _____		

**FOR BRANCH USE**

ACCEPTED BY: _____	DATE/TIME: _____ / _____	WIRE TRANSFER AGREEMENT IN FILE:    YES <input type="checkbox"/> NO <input type="checkbox"/>
AVAILABLE BALANCE: _____	FUNDS MEMO POST BY: _____	AUTHORIZED BY: _____
OFAC VERIFIED BY: _____	FAX BY: _____	CONFIRMED FAX WITH: _____

**OPERATIONS SUPPORT USE**

FUNDS HELD VERIFIED BY: _____	VERIFIED BY: _____
WIRE INPUT BY: _____	BLOCK LISTING: _____
ADD TO WIRE LOG: _____	_____