The Bank	of South	Carolina

Wire Transfer Request

Date	Request Type:	Person	Email Phone
Time		Letter	E Fax
Customer Name (Originator)** Originator's Account Number SSN or EIN Street Address Telephone Number Account Title Memo- Available Balance \$			
Transfer Amount\$Fee Amount\$20.00			
By Order Of: **			
Transfer to Bank Name: ** Bank ABA #(Routing Number) Bank City & State:			
Name of Beneficiary: **			
Street Address of Beneficiary:			
Special Instructions: **			-
OFAC List Reviewed (**) Initials			
Authorization to send wire has been Initials	verified	Customer's	Signature
ALL REQUESTS RECEIVED BY VERIFIED BY A TELEPHONE C.			FOR.
YOU MUST KNOW A CUSTOME ACCEPT A REQUEST BY TELEP		ICE TO	
Customer/Originator must be verified in Navigator Agreement Form.	as an owner or authorize	ed on a Money	Transfer Authorization and
Bank Personnel Preparing Wire:			