## The Bank of South Carolina

## Wire Transfer Request- Beneficiary Bank

Date	Ro	equest Type:	Person		Email		Phone
Time			Letter		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:							
Beneficiary Bank: **							
Beneficiary Bank ABA # (Routin	g Number):						
Beneficiary Bank City & State:							
Name of Beneficiary: **				_			
Beneficiary Account Number:							
Street Address of Beneficiary:							
City/State/Zip of Beneficiary:							
Special Instructions: **				_			
OFAC List Reviewe	d (**) ■	BY SIGNING ACKNOWLE					
	nd wire has been verified	HEREIN IS C	CORRECT				
Initials	nd whe has been vermed						
			Customer's	Signa	ture		
Customer/Originator must be ver Agreement Form.	ified in Navigator as an own	er or authorized	d on a Money	Trans	sfer Auth	noriza	tion and
Bank Personnel Preparing Wire:							
Bank Personnel Authorizing Wire: (if within your signing limits & you prepar							