The Bank of South Carolina

Wire Transfer Request

Date	I	Request Type:	Person	☐ Em	nail Phone
Time			Letter	☐ Fax	×
Street Address Telephone Number Account Title					
Transfer Amount \$ Fee Amount \$	20.00				
Transfer to Bank Name: ** Bank ABA #(Routing Number) Bank City & State: Name of Beneficiary: ** Beneficiary Account Number: Street Address of Beneficiary: City/State/Zip of Beneficiary: Special Instructions: ** OFAC List Reviewed Initials		BY SIGNING	THIS FORM	THE CUS	STOMER TON CONTAINED
Customer/Originator must be ve Agreement Form. Bank Personnel Preparing Wire:				' Transfer	Authorization and
Bank Personnel Authorizing Wire	ared the wire form- You only need	to sign Bank Personr	nel Authorizina W	/ire)	