The Bank of South Carolina

Wire Transfer Request- Beneficiary Bank

Date	Request 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 # (Routing Number):				
Beneficiary Bank City & State:				
Name of Beneficiary: **			_	
Beneficiary Account Number:			-	
,			-	
			-	
Special Instructions: **			_	
OFAC List Reviewed (**) Initials				
Authorization to send wire has been ver	rified			
Initials		Customer's	Signature	
ALL REQUESTS RECEIVED BY FAX VERIFIED BY A TELEPHONE CALI			TOR.	
■ YOU MUST KNOW A CUSTOMER/ ACCEPT A REQUEST BY TELEPHO		ICE TO		
Customer/Originator must be verified in Navigator as a Agreement Form.	an owner or authorize	d on a Money	Transfer Au	thorization and
Bank Personnel Preparing Wire:				
. •				