



## INTERNATIONAL WIRE TRANSFER REQUEST

409 Silverside Road, Suite 105  
 Wilmington, DE 19809  
 P: 302.385.5102  
 F: 302.385.5188

I authorize the Bank to make a one-time electronic wire transfer of funds from my deposit account with the Bank to the beneficiary's account identified below. Please complete all sections of the Wire Transfer Request. An incomplete form will delay processing.

### PART 1: Customer's Deposit Account with Us ("Transfer from")

Account Name:	Account Number:	
Customer's Mailing Address:		
City:	State:	Zip Code:

### PART 2: Beneficiary's Financial Institution Information ("Transfer to")

Account Name:	Account Number/IBAN:	
Beneficiary's Address:		
City:	State:	Zip Code:
Financial Institution Name:	Swift Code:	
Financial Institution Address:		
City:	State:	Zip Code:
Reference: (if applicable)		

### PART 3: Amount of Wire Transfer

Type of Currency: <input type="checkbox"/> U.S. Dollar <input type="checkbox"/> Other (specify currency):	
Amount of Transfer:	Purpose of Wire:

### PART 4: Customer's Signature and Call-Back Number

Signature of Authorized Account Signer:	Date: (mm/dd/yyyy)
Print Name:	Telephone Number for Call-Back Verification:

**Please note:** A Signature Card and Wire Transfer Agreement must be on file for commercial and trust accounts before the transfer request will be processed. A Wire Transfer Agreement is not required for consumer accounts. No wire request will be processed without a telephone call-back for all accounts. In addition, a Caller ID and PIN verification will be required for commercial and trust accounts. The Customer takes full responsibility and assumes any and all liability for unauthorized account access, identity theft and/or fraud.

Please **mail or fax** this completed form to: The Bancorp HSA  
 Attn: Wire Transfer Department, 409 Silverside Road, Suite 105, Wilmington, DE 19809; Fax: 302.385.5188

### FOR BANK USE ONLY

Date Account Opened: _____	Callback Verification Date: _____	
Account Status: _____	Callback Verification Time: _____	
Available Balance: _____	Callback Telephone Number: _____	
Signature Card Verified: _____	Wire Room Verification by: _____	
Wire Transfer Agreement Verified: _____	Wire Transfer Entered by: _____	
Customer's Authorized Rep.: _____	Wire Transfer Verified by: _____	
Consumer's last 4 of SS# & DOB: _____	<b>Wire Approval Signature:</b> (if applicable) _____	
	<b>Exception Approval:</b> _____	
	<b>Date Processed:</b> _____	
USD Equivalent: _____	Contract ID: _____	Confirmed by: _____ (initials)
Exchange Rate: _____	Delivery Date to Beneficiary: _____	Confirmed Disclosure sent if Consumer International Wire: _____ (initials)