



# 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.

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

Account Name:	Account Number:
Customer's Address:	

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

Account Name:	Account Number/IBAN:
Beneficiary's Address: (City and Country)	
Financial Institution Name:	Swift Code:
Financial Institution Address: (City and Country)	
Reference:	

### 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: _____	Wire Transfer Entered by: _____
Account Status: _____	Wire Transfer Verified by: _____
Available Balance: _____	<b>Wire Approval Signature:</b> _____ (if applicable)
Signature Card Verified: _____	<b>Exception Approval:</b> _____
Wire Transfer Agreement Verified: _____	<b>Date Processed:</b> _____
Customer's Authorized Rep.: _____	
Callback Verification Date: _____	
Callback Verification Time: _____	
Wire Room Verification by: _____	
USD Equivalent: _____	Contract ID: _____
Exchange Rate: _____	Delivery Date to Beneficiary: _____
Confirmed by: _____ (initials)	