

Wire Transfer Form for Retail Deposit Account Closure

Date: _____

Customer Name: _____

Customer Account Number: _____

Wire Amount (U.S.): _____

Purpose of Wire: _____

Beneficiary Data (BBK)

Name of Institution: _____

City, State, Country: _____

ABA Routing Number: _____

Beneficiary Data (BNF)

Beneficiary Name: _____

Beneficiary Address: _____

Beneficiary Account Number: _____

Branch Use Only

Instructions Received By: _____

Customer Call Back Required

Verification Callback Done By: _____

Name of Customer Contacted: _____

Date and Time Called: _____

Quontic Authorized Signatures Two signatures required for every wire

Operations Department

Attach OFAC screening for recordkeeping purposes