

Wire Transfer Authorization

To: Wire Transfer Departme	nt		Date		
Transfer \$	by wire to (Name of Institution)				
(Location)			(ADA	number)	
,			(ABA	number)	
For credit to the account of:					
Name					
·					
Physical Address					
City	State		Zip		
Payment to cover the above transfe	r request is as follows:				
Total Charge \$	to acco	unt number			
A fee of \$15.00 is included in a					
Name of Account					
Physical Address					
City	State		Zip		
Mailing Address (if different fr	om physical address)				
City		State		_Zip	
Identification Used		Issuing State			
Day Time Contact Phone Num (We must be able to contact		s in case of problems	with wire)		
RIVERFALL'S CONTROL, OR FAILUR WIRE TRANSFER TERMS IN THE M	E OF RIVERFALL TO HONO MASTER ACCOUNT AGREE	R AN ORDER UPON MENT APPLY; RIVER ROL AND IN ANY EV	THE DATE RECEIVED FALL IS NOT LIABLE ENT RIVERFALL IS NO	IALL BE LIMITED TO TRANSFER ERRORS WITHIN IF RIVERFALL DEADLINES HAVE BEEN MET; THE FOR ANY LOSS OR DAMAGE ARISING OUT OF I LIABLE FOR ANY CONSEQUENTIAL OR SPECIAL	
		(Signa	ture of person authoriz	ring transfer)	
ACCEPTANCE BY RIVERFALL					
The above authorization is accepted that they are not on the list. I have	•	•	country against the OF	AC list at www.ustreas.gov/ofac and determined	
Keyed In RiverFall By	n RiverFall By Processed In CACU By				
Can Number			Date	Time	
OFAC VerifiedID	Verified		Wire Sequence No	umber	

Verified in CACU by _____ Time____