

WIRE TRANSFER CUT OFF TIMES U.S. 5:00pm EST Fee: \$20.00 International: Noon Fee: \$35.00

 $4000\;Luxottica\;Place\;Mason,\;OH\;45040\;PH\;(513)\;765\text{-}6075\;Fax:\;(513)\;765\text{-}6078$

Wire Transfer Authorization Date	e: Time:
Member Name	Account Number
Telephone Number ()	Verified: Y/ N Email Address
Wire Transfer Amount: \$	Fee Amount: \$
ALL WIRES OVER \$500 R	REQUIRE MEMBER SIGNATURE
Receiving Bank Name	
ABA Routing#	Swift#
Second (Intermediate) Bank Name (if applicable)	
Second (Intermediate) Bank Account Number (if	fapplicable)
Beneficiary Name:	
Beneficiary Account Number:	
Beneficiary Account Type: ☐ Checking ☐ In	
•	
Beneficiary Reference:(The reason for	or the wire – un to 16 digits)
Beneficiary Address:	
	nd beneficiary, we and every receiving institution may rely on the person or account other than the one named. You authorize the Crediount in the amount transferred, plus applicable charges.
Signature: (Wires over \$500 require signature 3 ti	mes)
1	
2	
3	
Associate Processing Request:	Time: Receipt Attached
Call Back Completed By 2 nd Associate:	Time:
ALL WIRES: □ Review Account □ Over \$500 a	and/or Fax Requests Signed 3 Times (attached)
☐ Signature Verified with Account Card	T Dhata Duranta d ID (access the day)
IN PERSON:	nager signature: Exception Noted
Manager Signature: I	
Transaction Sequence Number:N	otes Revised 10/20/201