DOMESTIC WIRE TRANSFER REQUEST

cfd Banking Services
Harnessing the Power of the Internet

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

I authorize The Bancorp Bank (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 the information below to authorize a written wire transfer request. An incomplete form will delay processing.

PART 1: Originator (Sender) Information

Customer Name:		Customer Account Number:	
Customer Address:			
City:	State:	Country:	Zip Code:

PART 2: Beneficiary (Recipient) Information

Beneficiary Name:		Beneficiary Account Number:	
Beneficiary Address:			
City:	State:	Country:	Zip Code:
Beneficiary Bank Name:		ABA Routing Number: (Please verify ABA number is valid for wire transfer with beneficiary bank.)	
Beneficiary Bank Address:			
City:	State:	Country:	Zip Code:
Your Reference (if any):			

PART 3: Amount of Wire Transfer

Amount of Transfer: $	Purpose of Wire: **(Please include specific reason for the wire transfer request)***

* Completion of the "Purpose of Wire" section is mandatory. Provide a brief, specific description of the purpose of the money transfer. The Bank has a responsibility to understand each customer's transactions to determine if a transfer fits the customer's profile. If no apparent purpose is provided or is unclear the Bank's Wire Transfer Department may contact the customer for additional information.

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

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

Please note: Callback verification may be required prior to processing the wire (if applicable). For commercial and trust accounts a Wire Transfer Agreement and Signature Card/Application must be on file, and Caller ID/PIN Identification must be provided during the callback verification. For consumer accounts, a Signature Card/Application must be on file and customer identification must be validated during the callback verification. 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: cfd Banking Services
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#:	_____	**Wire Approval Signature:** (if applicable)	_____
Purpose of Wire Verified:	_____	**Exception Approval:**	_____
Telephone Number on File Verified:	_____	**Date Processed:**	_____