



**WIRE TRANSFER FORM--ALL INFORMATION IS REQUIRED**

(Wire Transfers will not be processed for non-customers)

Email this form to: [admin@ourpsb.com](mailto:admin@ourpsb.com)

Cutoff Times  
1:00 PM International  
3:30 PM Domestic

Date \_\_\_\_\_ Time \_\_\_\_\_

Name of Originator: \_\_\_\_\_

Address of Originator: \_\_\_\_\_ No P.O. Box

City, State, Zip \_\_\_\_\_

Authorized Account Type:  DDA  SAV  Loan  G/L Account # \_\_\_\_\_

Amount: \_\_\_\_\_ Balance sufficient for wire  Yes  No (officer required for NO)

**Beneficiary Bank info**

ABA (Routing) #: \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_ No P.O. Box

City, State, Zip \_\_\_\_\_

**Receiving Bank Info**

(only use if Beneficiary bank cannot receive directly)

ABA # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ No P.O. Box

Beneficiary Account# to credit: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

Beneficiary Physical Address: \_\_\_\_\_ No P.O. Box

City, State, Zip \_\_\_\_\_

Country (international wires only) \_\_\_\_\_

Other Special Instructions: \_\_\_\_\_

Originator's Signature: \_\_\_\_\_ Phone # \_\_\_\_\_

<b>Reason for Wire:</b> <input type="checkbox"/> Purchase Goods <input type="checkbox"/> Purchase Services <input type="checkbox"/> Other:
<b>Wire was received</b> <input type="checkbox"/> In Person <input type="checkbox"/> Fax* <input type="checkbox"/> Email* <input type="checkbox"/> PSB Internal
(*if received by fax or email complete verbal verification-email or fax verification NOT PERMITTED)
Fee: <input type="checkbox"/> Waived <input type="checkbox"/> Domestic:\$20.00 <input type="checkbox"/> International: \$45.00 GL Account Tickets Made By: _____
Wire Transfer: MIB: 0001/95/90112202 Wire Transfer Fee (Domestic & International): (Branch) /96/90440547

**\*Verbal Verification ( Customer must be called if wire request was made by fax or email)**

Person Contacted by phone: _____
Wire Amount: _____ Date: _____ Time: _____

**Operations Person 1**

Balance: _____ Signature Verified: _____ Security Code _____
MIB Approve: _____ Date: _____ Time: _____

**Operations Person 2**

Balance: <input type="checkbox"/> Signature Verified: <input type="checkbox"/> Security Code Verified: <input type="checkbox"/> Wire Accurate: <input type="checkbox"/>
MIB Approve: _____ Date: _____ Time: _____