



## FOREIGN WIRE TRANSFER REQUEST

\*Indicates a required field

### WIRE INFORMATION

<b>Amount of Wire*</b>	<i>(Specify type of foreign currency or US dollars)</i>
------------------------	---

### ORIGINATOR INFORMATION

<b>Name*</b>			
<b>Address*</b>			
<b>Home Phone*</b>		<b>Work Phone*</b>	
<b>CSB Account # To Debit*</b>			

### BENEFICIARY INFORMATION

<b>Name*</b>			
<b>Address*</b> <i>(no PO Boxes)</i>			
<b>Home Phone</b>		<b>Work Phone</b>	
<b>Account # To Credit*</b>			
<b>IBAN#</b>			
<b>CLABE#</b>	<i>(Required for all wires to Mexico)</i>		

### BANK INFORMATION

<b>Receiving Bank Name*</b>			
<b>Receiving Bank Branch*</b>			
<b>Receiving Bank Address*</b>			
<b>Bank Swift ID*</b>		<b>National Routing</b> <i>(ABA, Sort Code, BLZ)</i>	
<b>Message to Beneficiary</b>			
<b>Instructions to Receiving Bank</b>			

I authorize Cambridge Savings Bank ("Bank") to perform a wire transfer with the information provided above, and I certify the information is accurate. I agree to promptly notify the Bank in writing of any errors, omissions, or irregularities. I understand that wire transfers are subject to additional fees, terms and conditions as described in my fee schedule, Understanding Your Deposit Account Agreement, and, for originators that are business entities, the Payment Order Agreement, and, for originators that are consumers, the Wire Transfer Receipt and Error Resolution and Cancellation Disclosure. I agree to those additional terms and fees.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BANK USE ONLY**

Form Completed By:	Form Reviewed By:
Authorized By <i>(sign)</i> :	Authorized By <i>(print)</i> :

**Please fax your completed form to 617-520-5306.**