



## REQUEST FOR FUNDS TRANSFER FORM

Please fax to 612-362-3208

Date: \_\_\_\_\_

### Debtor- (Originator Information)

Debtor/Originator Name:	Debtor/Originator Account number
Debtor/Originator Address: -- <b>FULL ADDRESS INFORMATION REQUIRED--</b>	
Transfer Amount:	Available Balance
Fee:	Request Type (check one): <input type="checkbox"/> Person <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Drawdown <input type="checkbox"/> Credit
Total:	Payment Via (check one): <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Debit Account <input type="checkbox"/> GL Tickets

### Creditor Agent- (Beneficiary Bank Information)

Creditor Agent/Beneficiary Bank Name	
Creditor Agent/Beneficiary Bank RTN/ABA or SWIFT identifier (BIC)	International Sort/Transit/Routing Code (if applicable)
Creditor Agent/Beneficiary Bank Address, City, State, Zip, Country-- <b>FULL ADDRESS INFORMATION REQUIRED--</b>	

### Creditor (Beneficiary Information)- ( PURPOSE OF PAYMENT,CONTACT NAME & NUMBER REQUIRED FOR ALL INTERNATIONAL WIRES)

Creditor/Beneficiary Name	Creditor/Beneficiary Acct #(IBAN for Europe, CLABE for Mexico)
Creditor/Beneficiary Address, City, State, Zip, County-- <b>FULL ADDRESS INFORMATION REQUIRED--</b>	
Creditor/Beneficiary Information (invoice/purchase order number, purpose of payment, beneficiary contact name and number)	

### Intermediary Agent- (Intermediary Bank Information) (Financial institution that wire must pass through before reaching the beneficiary bank. This field is optional and not required for all wires.)

Intermediary Agent/Bank Name	
Intermediary Agent/Bank RTN/ABA or SWIFT identifier (BIC)	International Sort/Transit/Routing Code (if applicable)
Intermediary Agent/Bank Address, City, State, Zip, Country-- <b>FULL ADDRESS INFORMATION REQUIRED--</b>	

### Wire Fees and Customer Authorization

\* Northeast Bank is authorized to deduct from my account the appropriate fees for this service as follows: \$20.00 for Domestic; \$40.00 for International

\* Northeast Bank will not be held liable for any loss or expense arising from a wire transfer of funds unless the loss or expense is the direct result of negligence on the part of the bank or its employees.

My signature here indicates agreement with all the information on this Outgoing Wire Transfer Request and to the terms and conditions set above. As an authorized signer on this account, I authorize Northeast Bank to rely on the information on this request in making the requested Funds Transfer.

X \_\_\_\_\_ Date \_\_\_\_\_

### BANK USE ONLY

Form received by (Print Name)	Wire Pin or Password Verified
Officer approval	Secondary Officer Approval(if Applicable)

### ACCOUNT SERVICES USE ONLY

Wire Initiated by	Wire Approved by	OFAC Checked by
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