

BANK OF LAS VEGAS

Regionalized Wire Transfer Form

Date:	Prepared By:	Acct to Charge:
Amount in US Dollars:		Fee:
Amount in Foreign:	Rate:	Foreign Currency Type:
Originator:		Phone:
Originator Address:		
Beneficiary Bank:		ABA/Sort/Swift #:
Bank Address:		
Beneficiary:		Acct#:
Address:		
<i>Beneficiary address required for all domestic wires over \$3,000, and all international wires.</i>		
Further Credit Info:		

CONDITIONS

It is hereby agreed that in accepting and effecting this transfer, no liability shall attach to BANK or to its correspondents for any loss or damage sustained by reason of delays, mistakes, omissions, interruptions, mutilations, or errors on the part of the telephone or telegraph companies or any other agencies or their employees. BANK may make use of any of its correspondents or their sub-agents or other agencies in effecting this transfer and disclaims all liability for their acts or omissions, these risks being expressly assumed by the remitter. If payment is to be made upon surrender of documents, securities or papers of any kind, it is understood that BANK or its correspondents shall not be responsible for the validity, genuineness, or authenticity of same, nor for the quality or quantity of property covered thereby. The BANK, in its discretion, may refuse to execute the transfer under any circumstances at any time. The BANK further reserves the right to offset against the balance of any of the account holder's account with the BANK in the event that the wire transfer results in an overdraft from the account to be charged.

X _____ **Date:** _____
Originator/Authorized Signer (Customer)

For Internal Bank Use Only – “BANK”

Date: _____	Time: _____	Bank and branch number: _____
Customer Identification Type: _____	ID #: _____	TIN or SSN#: _____
How were the wire instructions received: <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Other: _____		
Verification Method Used: <input type="checkbox"/> Photo ID <input type="checkbox"/> Known <input type="checkbox"/> Call Back <input type="checkbox"/> Sig Card <input type="checkbox"/> Test Key Code		
Available Balance: _____	Authorize NSF approval: _____	
Prepared By: X _____	Printed name: _____	
Authorized By: X _____	Printed name: _____	

For Internal Wire Room Use Only - CBC

Method of Wire Transfer: <input type="checkbox"/> PayPlus <input type="checkbox"/> CashPro <input type="checkbox"/> Amex <input type="checkbox"/> FRB; Bank Name _____	
Verification: <input type="checkbox"/> Callback <input type="checkbox"/> Email	Wire Input By: X _____
Ref#: _____	Verified by: X _____

PayPlus: OFAC verification is automatically completed through the PayPlus wire system.

Non-PayPlus Transactions: (all three verifications below must be answered)

Memo Posted By (Only when using correspondent): _____	Entries By: _____
OFAC Verification of Beneficiary Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	(International Wires Only)
OFAC Verification of Beneficiary's Bank <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
OFAC Verification of Non-Customer Originator <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<small>(Only used for EXCEPTION should bank ever permit a wire sent by a non-customer)</small>	