

DOMESTIC WIRE TRANSFER AUTHORIZATION

Please complete this form in full. Incomplete sections will delay the processing of this wire transfer.

Cutoff Time: 3:00pm

The undersigned originator requests payment to be made to the beneficiary or account number named below. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that sole obligation of the institution named below is to exercise ordinary care in processing this wire transfer and that it is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer.

Wiring Institution (From):

First Shore Federal Savings & Loan Association

106-108 South Division Street, Salisbury, MD 21801 (410) 546-1101

Title of Account: _____

Account Number: _____

Account Type: ☐ Checking/MMA ☐ HELOC

☐ Savings ☐ SLLOC

☐ CD

(Please list the full names of **all** accountholders)

Street Address: _____

(of Accountholder)

City, State, Zip: _____

Social Security No / EIN: _____ (Of the Individual / Entity wiring the funds)

Receiving Institution (To):

Bank Name: _____

Bank Address: _____

Bank Phone No.: _____ (if available)

ABA/Routing Number: _____

Account Number: _____

Title of Account: _____

(Please list the full names of **all** accountholders)

Street Address: _____

(of Accountholder)

City, State, Zip: _____

Reason for Wire: _____

Additional Wiring Instructions (if any): _____

Further Credit To – Bank Name: _____

Bank Address: _____

ABA/Routing Number: _____

I hereby authorize First Shore Federal S. & L. Assn. to withdraw \$_____ and wire transfer the funds to the account at the receiving institution. The above transaction **will** / **will not** (*circle one*) close my account. I understand that a fee of **\$20.00** (domestic wire) will be charged to my First Shore Federal Account Number listed above for this service. IOLTA Accounts may choose to have this fee charged to another FSF Account Number _____ for this service. I may be reached at _____ (Daytime Telephone Number) if a problem arises with this wire transfer. In the event the wire is returned, we will charge any associated returned wire fees in addition to our wire fee.

Signature _____

Date _____

Signature _____

Date _____

FSF Branch Use Only – Complete before sending to Accounting Dept.

Branch Number: _____

Employee Signature: _____

Verified Authorized Signer: _____ (Employee Initials)

Verified Sufficient Funds: _____ (Employee Initials)

Verified against OFAC: _____ (Employee Signature)

Wire/Funds Transfer Transaction Record completed: _____ (Employee Initials)

FSF Main Office Use Only – (Full Signature Required)

Accounting Department

Date: _____

Entered by: _____

Released by: _____

Sender Reference #: _____

Checking or Savings Department

Date: _____

Processed by: _____

Senior Officer Approval over \$10,000.00

Approved by: _____