

FOREIGN WIRE TRANSFER AUTHORIZATION

Cutoff Time: 2:30pm

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

Wiring Institution: (From)	First Shore Federal Savings & Loan Association 106-108 South Division Street, Salisbury, MD 21801 (410) 546-1101
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Title of Account: _____ Account Number: _____

Account Type: Checking/MMA

 Savings 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)
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SWIFT Number: _____
Account Number: _____
Title of Account: _____
(Please list the full names of **all** accountholders on this account)

Street Address: _____
(of Accountholder)
City, State, Zip: _____

Reason for Wire: _____
(Other than Personal)

Additional Wiring Instructions (if any): _____

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 \$50.00** (foreign 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)
Wire/Funds Transfer Transaction Record completed: _____ (Employee Initials)	
FSF Main Office Use Only – (Full Signature Required)	
Accounting Department	Checking or Savings Department
Date: _____	Date: _____
Entered by: _____	Processed by: _____
Released by: _____	
Verified against OFAC: _____	Senior Officer Approval over \$10,000.00
Sender Reference #: _____	Approved by: _____