CA _____

Barrington Bank & Trust Company, N.A.
Customer Wire Transfer Authorization

Date : _____

Customer Account Name: _____ (Originator) (Required)

Customer Account #: _____ **This field must have a Customer Account or General Ledger Account Number** (Required)

Amount: _____ **(Required)**

Originator's Address : _____ (Required)

Confirmation Method: _____ or _____ or ☐ Mail
e-mail address fax number check box

Beneficiary: _____ (Required)

Beneficiary Account # _____ **For outgoing wires to a Wintrust Bank this field must be completed or the wire cannot be processed.** (Required)

Beneficiary's Address : _____ (Required)

_____

Beneficiary's Bank: : _____ (Required)
City Sta

Beneficiary's Bank ABA _____ (must be 9 digits) (Required)

Swift Code (Interntnl wires only) _____ OR Sort Code : _____

Credit-through Bank Name _____
City

Credit through Bank's ABA _____

Reference for Beneficiary: _____

Originator to Beneficiary Info: _____

_____

Bank to Bank Information: _____

Community Advantage

Customer Authorization:

Barrington Bank and Trust Company, N.A. is hereby authorized to send the above-referenced wire transfer and debit the account indicated above pursuant to the Account Agreement and Disclosure Statement:

Name: _____ Checked signature or ID and initial BOX ☐

Signature: _____ Date: _____

FOR BANK USE ONLY

Prepared By : _____ Posted By: **DO NOT DEBIT CUSTOMER ACCT** Fee _____

Approved By: _____ Date Approved : _____ Employee to Call Back on Fax and initial BOX ☐

☐ **DLOLB screen attached (check box)** **OFAC - NO LONGER Required - FundTech does this**

Date Sent (if different from above) _____ Transaction Identifier : _____

Entered by: _____ Verified By: _____