



Wire Transfer Request Form

Please return the completed and signed form via fax 801-794-7217 or email customer@limelightbank.com.
Wire forms must be received by 4:00 pm EST (1:00 pm PST) to be initiated same day.

Beneficiary Bank Data <i>(Limelight Bank sends domestic wires only)</i>	
Name of Institution:	
ABA Routing Number:	
Intermediate Bank Data (if applicable)	
Name of Institution:	
ABA Routing Number:	
Beneficiary Data	
Beneficiary's Name:	
Account Number:	
Instructions:	
Sender Data	
Sender's Name:	
Account Number:	
Dollar Amount:	
Date to send wire:	

I certify the information provided on this wire form is true and accurate and I authorize this wire transaction. I agree that this wire transfer is irrevocable, that the sole obligation of Limelight Bank is to exercise ordinary care in processing this wire transfer, and that Limelight Bank is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer. I agree, for security purposes, Limelight Bank may contact me to verify the wire instructions that I have provided. Due to the verification process, I understand that the wire may be delayed if the wire instructions are not able to be immediately verified.

Authorized Signer's Signature: _____ Date: _____

For Bank Use Only	
Bank Approval:	