



Commonwealth Business Bank

Wire Transfer Service Request Form

Amendment Cancellation Trace Incoming Wire Return Other

Date: _____

Branch: _____

Original Wire Date: _____

Remitter: _____

Amount: _____

Beneficiary Bank: _____

Beneficiary Name: _____

Reason for Amendment/Cancellation/Return Incoming Wire:

I hereby authorize Commonwealth Business Bank to amend/cancel/return the above payment order that I have made/received. I agree that the bank may at its sole discretion use reasonable efforts to act on my request for amendment or cancellation or return an incoming wire, and cannot guarantee that the amendment/cancellation will be effective. Commonwealth Business Bank will not be liable whatsoever for the consequences of the Bank's efforts to amend or cancel my original request and incoming wire return request. Furthermore, I will indemnify and hold Commonwealth Business Bank harmless from any and all liabilities, costs, and expenses the Bank may incur in connection with this amendment or cancellation or incoming wire return efforts.

Customer Signature
(Not Required for Trace Request)

BANK USE:
_____ Prepared By
_____ Approved By