DOMESTIC WIRE TRANSFER REQUEST (international wires not accepted)



	sted information, sign the form, and fax it to 866-608-2635. If the request is be sent the same business day. If it is received and verified after 3:00 p.m. r. The wire transfer fee is \$20.					
Date of Transfer Request (MM/DD/YYYY)	Dollar amount to be transferred					
Account Owner First Name	Name of Beneficiary					
Account Owner Last Name	Account Number of Beneficiary to be credited					
Account Owner Street Address	Name of Beneficiary Bank					
Account Owner City, State, Zip Code	City and State of the Beneficiary Bank					
Account Number to be charged for the Wire Transfer	Bank Routing Number of the Beneficiary Bank					
we are unable to satisfy ourselves that you requested the payment orc 2. You must ensure that the account number of the beneficiary and the b All banks process and post payment orders by the account number of	y requirements. We will not be liable for our refusal to honor any payment order if ler. ank routing number of the beneficiary's bank are ABSOLUTELY ACCURATE. the beneficiary and by the bank's routing number and not by the name of the that we will not verify the accuracy of any account number or routing					
3. We reserve the right to delay or not to process payment orders (a) to beneficiaries listed on the Specially Designated National lists from the U.S. Department of Treasury, or (b) for any reason related to an Executive Order of the President, Foreign Governmental Embargoes/Sanctions, or directive of the U.S. Department of Treasury.						
4. We cannot revoke or cancel a payment order once it has been sent ar	nd we will not be liable to you if we cannot recover any funds already transferred.					
5. We will not be liable for the insolvency, neglect, misconduct, mistake, default or delay of any other bank, entity or person whether or not that other bank, entity or person is our agent.						
6. Our liability for failure to follow your instructions will be limited to the amount of any payment order lost plus incidental expenses and interest. In no event will we be liable for any present or future indirect or consequential damages, punitive damages or special damages, whether or not we were first advised of the possibility of such damages. We reserve the right to reject any payment order for any reason, including, but not limited to, the lack of sufficient available funds in the account to be charged.						
7. You must notify us in writing of any error, mistake or irregularity within will have no liability to you.	60 calendar days after the payment order was requested. Thereafter, we					
8. We do not send outgoing international wire transfers to beneficiaries located in other countries.						
Account Holder's Signature	-					

Ally Bank Member FDIC
ALLY BANK, P.O. Box 951, Horsham, PA 19044

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Fax this signed form to us

Fax

Subject Line: Operations Fax Number: 866-608-2635