

<b>RECEIVED</b> INTERNAL USE	Received By: _____	Employee NGP Code: _____	Date: _____	Effective Date: _____
	<input type="checkbox"/> In Person:	ID Type: _____	ID Number: _____	
	<input type="checkbox"/> Phone	⇒	Requires Pre-Authorized Agreement on file + Call-Back Code Verification	
	<input type="checkbox"/> Secure Message	⇒	Under \$5,000: Call-Back Verification \$5,000 or Over: Requires Pre-Authorized Agreement on file + Call-Back Code Verification	
	<input type="checkbox"/> Fax – Notarized	⇒	Under \$5,000: Call-Back Verification \$5,000 or Over: Requires Pre-Authorized Agreement on file + Call-Back Code Verification	
	<input type="checkbox"/> Fax – Not Notarized	⇒	Requires Pre-Authorized Agreement on file + Call Back Code Verification	
<b>VERIFICATION</b> WIRE DEPT ONLY	<input type="checkbox"/> Pre-Authorized Wire <input type="checkbox"/> Code Verified    Authorization Expires: _____			
	Call Back By: _____	Employee NGP Code: _____	Date: _____	Time: _____
	Must be Different From Person Accepting			
	Person Called: _____	Call Back Number: _____		
		On System? <input type="checkbox"/> Yes <input type="checkbox"/> No*		
	Verified Information: (Minimum of 3 if No Pre-Auth Code)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	
		<input type="checkbox"/> _____	<input type="checkbox"/> _____	
<b>APPROVAL</b> WIRE DEPT ONLY	<input type="checkbox"/> Collected Funds <input type="checkbox"/> Memo Posted <input type="checkbox"/> OFAC Check			
	<input type="checkbox"/> *If Exception to Policy: <input type="checkbox"/> Special Agreement on File –or– Details: _____			
	Approved: _____	Entered: _____	Verified & Sent: _____	
	Name / NGP Code – (Officer if Policy Exception)	Name / NGP Code	Name / NGP Code	

**AMOUNT: \$**

<b>ORIGINATOR</b>	Name: _____	Account Number: _____
	PHYSICAL Address (REQUIRED): _____	
<b>RECEIVING BANK</b>	ABA/SWIFT: _____	Bank Name: _____
	Bank Physical Address: _____	
<b>BENEFICIARY</b>	Name: _____	Account Number/IBAN: _____
	Physical Address (REQUIRED): _____	
<b>FOR FURTHER CREDIT</b>	Name: _____	Account Number/IBAN: _____
	Physical Address (REQUIRED): _____	
<b>INTERMEDIARY BANK</b>	ABA/SWIFT: _____	Bank Name: _____
	Bank Physical Address: _____	
<b>SPECIAL NOTES:</b>	_____	

As a signer on the above account, I am authorizing Evergreen National Bank to withdraw funds from my account and wire transfer the stated funds per the instructions above. In addition, I understand that Evergreen National Bank will charge my account a domestic wire fee or an international wire fee based upon ENB's current fee schedule. If the wire is returned due to an error in the information I have provided, and must be sent again, I may incur an additional wire fee for the re-entry and transmittal of the wire.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Telephone**NOTARY SECTION**

State of \_\_\_\_\_, County of \_\_\_\_\_. The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_.

My commission expires \_\_\_\_\_. Witness my hand and official seal: \_\_\_\_\_

Notary Public