



DOMESTIC WIRE TRANSFER REQUEST

* Indicates a required field.

WIRE INFORMATION

| | |
|---------------------------|----|
| Amount to be Wired* | \$ |
| Receiving Bank Name* | |
| ABA Routing #* | |
| Receiving Bank Address* | |
| Message to Receiving Bank | |

ORIGINATOR INFORMATION

| | | | |
|-------------|--|----------------------------|--|
| Name* | | CSB Account # To Debit* | |
| Address* | | | |
| Home Phone* | | Work Phone* | |

BENEFICIARY INFORMATION

| | | | |
|----------------------------------|--|------------|--|
| Name* | | | |
| Address* <i>(no PO Boxes)</i> | | | |
| Account # To Credit* | | | |
| Home Phone | | Work Phone | |
| Message to Beneficiary | | | |

I authorize Cambridge Savings Bank ("Bank") to perform a wire transfer with the information provided above and I certify the information is accurate. I agree to promptly notify the Bank in writing of any errors, omissions, or irregularities. I understand that wire transfers are subject to additional fees, terms and conditions as described in my fee schedule, Understanding Your Deposit Account Agreement, and, for originators that are business entities, the Payment Order Agreement. I agree to those additional terms and fees.

Customer Signature:

Date:

BANK USE ONLY

| | |
|-----------------------|------------------------|
| Form Completed By: | Form Reviewed By: |
| Authorized By (sign): | Authorized By (print): |

Please fax your completed form to 617-520-5306.