



CIBC Business Contact Centre (Non-PPSL) Request for Wire and InterBranch Payment

FAX completed form to: **CIBC 1 866 338-3880 or 514 876-3880** **Faxed Confirmation Required**

Date (mm/dd/yyyy) _____ Value Date (mm/dd/yyyy) (International wire payments may be future value dated up to 2 business days) _____

Company Name _____

Company Address _____

Contact Name _____ Telephone Number _____ Ext. _____ Fax Number _____

Debit Transit - Account (Wire) _____ Debit Transit - Account (Service Charge, if different) _____

FX Contract _____ FX Rate _____ FX Equivalent _____

Wire Transfer Information

Currency of Payment CAD* (under \$150,000 - see Note below) CAD (\$150,000 or more) USD Other: _____ Indicate currency

Payment Amount _____ **OR** CAD Equivalent \$ _____

***Note: For wire payments valued under \$150,000 CAD and destined for countries outside of Canada, unless checked below you hereby instruct CIBC to convert the amount to the currency of the place of payment at CIBC's prevailing foreign exchange purchase rate. If currency is not available, the amount will not be converted.**

Please check if you do not wish CIBC to convert the amount:

Intermediary Bank _____ SWIFT (BIC) Code _____

Bank of Beneficiary _____ SWIFT (BIC) Code (Mandatory for EU payments) _____

Bank Address _____ Destination Country _____

Bank Identifier (Bank Code/Transit/Routing No. ex. Canada - CC+9 digits, USA - FW+9 digits, UK - SC+6 digits) _____

Beneficiary Bank Account Number at Intermediary Bank _____

Beneficiary Name (Mandatory) _____

Beneficiary Address (Mandatory - Complete Address) _____

Beneficiary Account (Mandatory and for payments to European Union: include IBAN (accompanied by SWIFT (BIC) Code) OR Mexico: include CLABE) _____

Payment Details (if any) _____

Correspondent Bank Charges - Paid by : Remitter Beneficiary

Authorized Signing Officer(s): Client acknowledges this wire payment is subject to the terms of the Fax Wire Service Agreement.

Name Title Signature

Name Title Signature

For Internal CIBC Use Only

Client ID No. _____ SR No. _____ Authorization to create or increase overdraft Yes

Service Charges Standard Waived Special/Flat Fee: Amount: \$ _____

Authorized by CIBC in accordance with delegation letter by:

CIBC Officer's Name Signature CIBC Officer's Name Signature

For Company Internal Reference Only
CIBC will disregard information