

# Letter of Authorization To Wire Funds

Date \_\_\_\_\_

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

To Whom It May Concern:

Please accept this letter as my/our authorization to wire funds from Sterne Agee &

Leach , Inc., customer account number \_\_\_\_\_ in the name of

\_\_\_\_\_ to:

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

ABA #: \_\_\_\_\_

Beneficiary Acct #: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

Further Benefit Info  
(if applicable) \_\_\_\_\_

Reference Info: \_\_\_\_\_

Dollar Amount \$ \_\_\_\_\_

**(NOTARY SEAL REQUIRED)**

\_\_\_\_\_  
Signature - Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Signature - Date

\_\_\_\_\_  
My Commission Expires

**PLEASE COMPLETE AND FAX TO: 205-414-7344**