



Wire Transfer Authorization

Date:	_
Originator:	
Name: RIDGEWOOD SAVINGS	S BANK
Address: 71-02 Forest Avenue, R	idgewood, New York 11385
Account Number Charged:	
Beneficiary:	
Name:	
Address:	
Account Number:	
Beneficiary/Receiving Bank:	
Bank Name	
Bank ABA Number:	Short Name: (Accounting use only)
	9 digits) (Accounting use only)
Additional Wiring Instructions:	
accurate; (ii) agrees that Ridgewood Savings Bank information on this form or if the wire transfer canno reason beyond the control of Bank; and (iii) agrees	r/banker: (i) represents that the information provided on this form is complete and ("Bank") shall have no liability for any wire transfer made in accordance with the of the completed because of inaccurate or incomplete information or for any other is to indemnify Bank and hold Bank harmless from any loss, costs, damages, or id liability that Bank may incur by reason of any claim or demand made or action uant to this Authorization.
Authorized Signature:	Telephone: