



# Letter of Authorization for 3rd Party Wires

Client Account Number

Name

One time only instructions unless box to left is checked indicating standing instructions.  
(Standing instructions valid for one year from date signed below.)

Street Address

City State Zip

Client phone # for contact during business hours\*.

Wire Amount

*\*(only required if Notary or Medallion stamp is absent)*

Bank Name

Bank ABA/Routing Number

Bank Address: City, State, Country

Intermediary Bank Name

Intermediate Bank Account

3rd-Party Beneficiary Account Number

Swift Code

3rd-Party Beneficiary Name

Purpose of Wire

Third-Party Beneficiary Address

*By affixing my signature below, I represent to COR Clearing LLC and my brokerage firm that the information contained above is truthful and accurate, and represents my instruction.*

**Signatures: Registered owner(s) of account must sign below:**

Signature

Date

Signature

Date

**Notary: Please use space below**

**Correspondent Principal Review:**

Name

Title

Signature

Date

**COR internal use only:**

COR Review

Date