

# OUTGOING WIRE TRANSFER REQUEST

Fax completed form to: (213)673-9788 or (800) 575-5503  
(California Clients Only)



**Time Deadlines: Domestic Wires 1:30 P.M. PT**

**International Wires 12:30 P.M. PT**

Request received past the deadline will be processed the next business day.

**Date of Transfer:** 3/30/2018  
(mm/dd/yyyy)

**Repetitive ID:** \_\_\_\_\_  
[If applicable (requires pre-authorization)]

**AMOUNT OF WIRE TRANSFER**

or

**FOR WIRE SENT IN FOREIGN CURRENCY**

U.S. Dollars \$ 17,348.86

Amount: \_\_\_\_\_

Currency Type: \_\_\_\_\_

Rate: \_\_\_\_\_ Source: \_\_\_\_\_

☐ **Request Wire Principal Protection Service (fee applies)**

**SENDER INFORMATION**

CNB Deposit Account Number: 413312981

Other (bank use only): \_\_\_\_\_

Name of Account: Sisson Restaurant Group I, LLC

Address: 1631 S Rose Ave Second Line Address: \_\_\_\_\_

City, State, Zip Code: Oxnard, CA 93033 Country: \_\_\_\_\_

**RECEIVING (BENEFICIARY'S) BANK INFORMATION**

Bank Name: Farmers and Merchants

Bank Address: 4545 California Ave

Second Line Address: \_\_\_\_\_

City, State, Zip Code: Long Beach, CA 90807 Country: \_\_\_\_\_

Routing Information (e.g., ABA number, SWIFT BIC, Sort Code, Intermediary Bank):

Routing: 122201198

**FOR BANK USE ONLY**

**IDENTIFICATION**

☐ Driver's License ☐ Passport

#: \_\_\_\_\_ Exp. Dt.: \_\_\_\_\_

OTHER

☐ Known to Me

**ACCEPTED BY (other than approver)**

Signature

**APPROVED BY:**

Officer Name

Phone Extension

Signature

**BENEFICIARY INFORMATION**

Account (or IBAN) Number: 0705949

Beneficiary Name: StudioR, LLC

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

Second Line Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Other beneficiary information (Optional - used for sending a message to the beneficiary, for example, invoice numbers, or purpose of payment):

**Client Authorization** (All wire transfer requests must be signed by an authorized person)

By signing below, I certify that the information on this form is correct and I have read and agree to the terms and conditions of the Fund Transfer Authorization contained in the Account Agreement and Disclosures governing the referenced account. I understand that if I provide you an incorrect beneficiary (recipient) account number or receiving bank (recipient institution) identifier, I could lose the wire transfer amount.

Kyle Sisson  
Name

Kyle Sisson  
Signature

(310)766-3301  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

( ) -  
Phone Number

**RM INITIATED**