AMPLIFY. CREDIT UNION

DOMESTIC WIRE TRANSFER REQUEST

TRANSFER TYPE AND AMOUNT

Purpose of Wire: Moving

Completed (choose one): ☐ In Branch ☒ Remote

Date: 6/15/2023

Wire Transfer Amount: $ 6330.00

ORIGINATOR INFORMATION (Amplify Member)

Full Account Number to Debit: 447344410100

Account Owner's Name: Iliana Romero

Wire Requested By: Iliana Romero

Best Contact Phone: 5127093100

Street Address: 3168 33rd St Apt 1A

City: Astoria

State: NY

Zip: 11106

BENEFICIARY INFORMATION (Person or Business Receiving Wire)

Account Number to Credit: 4670307457

Account Owner's Name: TDG - TREGNY LLC

Street Address: 299 Park Ave

Telephone: 6463007238

City: New York

State: NY

RECEIVING BANK INFORMATION

Routing / ABA Number: 065000090

Bank Name: CAPITAL ONE

Street Address: 40 N 6th St

City: Brooklyn

State: NY

ADDITIONAL INFORMATION

Any additional instruction (if applicable)

Reference: Deal Number 1041922 Emilson Vasquez

ORIGINATOR'S AUTHORIZATION

The undersigned originator requests payment to be made to the recipient or account number named above. To the extent not prohibited by law, the undersigned agrees that this wire transfer request is irrevocable and that the sole obligation of Amplify Credit Union is to exercise ordinary care in processing this wire transfer request and that it is not responsible for any losses or delays which may occur as a result of any other party's involvement in processing this transfer. If a wire transfer order request indicates an intermediary financial institution or beneficiary's financial institution inconsistently by name and identifying number, execution of the request might be based solely upon the number, even if the number identifies a financial institution different from the named financial institution or person who is not a financial institution. If a wire transfer request describes a beneficiary inconsistently by name and account number, payment may be made by the beneficiary's financial institution based solely upon the account number, even if the account number identifies a person different from the named beneficiary. Member's obligations shall not be excused in these circumstances.

ORIGINATOR'S SIGNATURE

Member Signature: DocuSigned by: [signature] 145A730C9E474C3...

Date: 6/15/2023

ID Type & ID Number: TXDL 28726806

ID Expiration Date: 12/02/2023