

Customer Information

Name: CAITLYN MURPHY Address: 34 VALLEY RD
Phone: (631)754-2782 Northport
NY 11768-3214 US

Account Information

Account: PER_5116
Account Title: CAITLYN BROOKE MURPHY
Requester Name:

Wire Information

Wire Type: DOMESTIC Wire Date: 08/11/2023
Country: US Wire Amount (USD): 15,938.32
Currency of Recipient Account: USD
Source: IN PERSON
ID Verification/Type: U.S. DRIVER'S LICENSE (WITH OR WITH
ID Verification/Type: BANK OF AMERICA DEBIT CARD OR Wire Fee: 30.00
CREDI

Recipient Information

Recipient Name: TDG-TREGNY LLC Bank Name: CAPITAL ONE NATIONAL ASSOCIATION
Account Number Type: ACCOUNT NUMBER Bank ID: 065000090
Account Number: 4670307457 Address: 1680 CAPITAL ONE DR
Address: 40 N 6TH STREET MCLEAN
BROOKLYN VA 22102 US
NEW YORK 11249 US

Information about payment:

Purpose of Payment: SERVICES Additional Phone Advice:
Additional Reference: Additional Bank: DEAL NO.1096701-AGENT NAME - ANNA
Information: Instructions: SHUSHKEVICH

Customer Approval

I authorize Bank of America to transfer my funds as set forth in the instructions herein (including debiting my account if applicable), and agree that such transfer of funds is subject to this Funds Transfer Agreement (see disclosure pages of this form) and applicable fees. If this is a foreign currency wire transfer, I accept the conversion rate provided by Bank of America at the time the wire is sent. Exchange rates are determined by Bank of America, N.A. in our sole discretion. You may be able to get a better exchange rate if you handle this transaction online instead of in the financial center. Please see the Funds Transfer Agreement for further information regarding our exchange rates. For a Consumer International wire: We rely on you, the customer, to inform us of the currency of the receiving account (denoted under 'Currency of Recipient Account') so that we may disclose the exchange rate for conversion in the wire process. If you chose to send USD rather than the foreign currency of the receiving account, we will honor your choice, however, we will not be able to provide exchange rate information. Additionally, so that we may provide required disclosures, you must remain in the financial center until we provide you the Remittance Transfer Receipt (RTR). If you leave prior to receiving the RTR, we will cancel the international remittance transfer.

Customer Signature _____ Date of Request ____/____/____

IMPORTANT: FOR EACH WIRE Indicate Method of Signature Verification: (must complete one of the below)

Not Applicable (check box if no signature verification is required) ☐	Signature Card (check box if signature card was reviewed) ☐	Business Resolution (check box if business resolution was reviewed) ☐	Posted Check# (reference PRO for date guidelines) (complete field below) Check # _____	Leader Exception Granted (leader must place their initials or signature in box below) Exception Reason: _____
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For Bank Use Only: Financial Center Information

Financial Center Name	NORTHPORT	Date:	August 11, 2023
Company #/Cost Center #:	00487 0094220	Phone #:	631-757-3500
Initiating Associate Name:	KHAN, FAZIL	Remittance ID #:	E49G7BEEA