Truist Outgoing Domestic Wire Transfer Request Agreement

Date 21-NOV-2022 Branch MID VALLEY-2022912 Phone # (540)459-6825

Client type C Wire Transfer Amount $ 4780.00 Repetitive #

C = Client Acct Charged F = Financial Case ID D-20221121-154

Application CHECKING **Debit Account** 1000146833941

Originator

Name HERRINE RO

Address 461 DEAN ST APT 24H

BROOKLYN NY 11217-4157 US

ID Proof DL-GA-056428889

Intermediary Bank

Name

Address

Country

ABA / Routing

Beneficiary Bank

Name SIGNATURE BANK

Address SIGNATURE BANK

NEW YORK NY

Country US

ABA / Routing 026013576

Beneficiary

Name TDG-TREGNY LLC

Address 40 N 6TH ST

BROOKLYN, NY 11249

Account 1504259214

Country UNITED STATES

Originator Reference

Originator to Beneficiary Info [Purpose] DEAL NUMBER 966136 AGENT NAME DAYLE KLEIN WIRE AMOUNT $4750.00

Bank to Bank Info

I certify that the information concerning this wire transfer is correct and agree to be bound to the Terms and Conditions on the following page. Regardless of Client's responses to the Client Acknowledgement, Client agrees that it is Client's sole responsibility to verify wire instructions and that Bank is authorized to send the wire according to the instructions provided to Bank within this agreement. Client further acknowledges and agrees that per the Terms and Conditions, payment may be made solely on the basis of the account number even if the account number identifies a beneficiary different from the beneficiary named by Client. Bank strongly recommends that Client verify any wire instructions before sending the wire.

Client Acknowledgement:

Did you receive wire instructions via phone/email/fax?	☑ YES	☐ NO
If YES, have you validated the wire instructions via a method other than the method by which the wire instructions were received?	☑ YES	☐ NO

HERRINE RO
Client / Authorized Signer

Client / Authorized Signer Signature

VIVIAN DOWD / C79313
Bank Employee

21-NOV-2022
Date

Requested By (if applicable)

Date