



## Wire Authorization Form

### Authorization by Officer (Required)

By signing below you are confirming that you are a corporate officer, authorized signer, or duly authorized representative of the Correspondent named below and have the authority to submit and change wire instructions on its behalf.

Authorized By (Print \_\_\_\_\_

Name) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Account

Replacement for \_\_\_\_\_

Account Modified

Account Deleted

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Email To: **CPRM@Rocket.com**

Correspondent Name: \_\_\_\_\_

Name of Warehouse Bank or Institution: \_\_\_\_\_

ABA Number (Must be 9 Digits): \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Account Name: \_\_\_\_\_

Beneficiary Bank Name/Further Credit To:- if applicable (Name):

\_\_\_\_\_

Beneficiary Bank Account #/Further Credit To Acct #- if applicable (Account number):

\_\_\_\_\_

Bank Contact Information Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Completed by (Print Name): \_\_\_\_\_ Title: \_\_\_\_\_



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