



Outbound Wire Request Form

Complete all applicable sections by typing in the required information. To do so, simply click on the desired field and begin typing. Handwritten forms are strongly discouraged as it may cause delays.

Please complete the attached Outbound Wire Request Form and return via mail or fax to:

Standard Mail:

Capital One Bank®
P.O. Box 180
St. Cloud, MN 56302-0180

Or

Fax:

1-888-662-0970
Attn: WCR



Outbound Wire Request Form

To Prevent Possible Delays

Call the receiving institution for complete wire instructions—the information we need to process your request is often different from what’s found on your check or deposit ticket.

Important Information

- Funds **cannot** be wired to a **third party**—Title **must** mirror Capital One account or have at least one common owner
- Funds **cannot** be wired to **escrow accounts** or **title companies**
- Funds **cannot** be wired **from Individual Retirement Account (IRAs)**
- Funds **cannot** be wired **internationally**

Provided this form is received by 2:00 p.m. Eastern Time and all information is correct, funds will be wired out the next business day. If received after 2:00 p.m. Eastern Time, funds will be wired out within 2 business days.

Capital One Bank Account Number: _____
(must be 10 digits)

Best Contact Phone #: _____
(this will only be used if we have questions or need additional information to complete this request)

Amount to be wired: _____

Account Type: Money Market Certificate of Deposit Online Savings Account Online Checking Account

Date to be wired: _____ or At Maturity (CD Accounts Only)

I wish to **close** my account

Receiving Bank Information

Name of receiving Bank: _____

Name(s) on receiving Bank account: _____

Please note: In order to prevent your wire transfer from being delayed, the account title at the receiving institution **must** mirror Capital One account or have at least one common owner.

ABA/Federal Reserve routing number: _____
(**Must** be nine digits—**please** call your bank or the receiving institution for wire instructions)

Account Number: _____

Special Instructions: _____

Please complete form, sign, and mail/fax to:

Standard Mail:

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I hereby authorize Capital One to wire the above mentioned amount. I am also aware a \$20 service charge will be assessed. I am aware that my Certificate of Deposit account will also be assessed an Early Withdrawal Penalty if closed prior to the maturity date as disclosed in my CD agreement.

Signature: _____ Date: _____
(For joint, trust, or corporate accounts only one owner/trustee/signer signature is required.)