



600 Brickell Avenue Suite 2800 Miami, Florida 33131  
www.veloxglobal.com 1-866-80-VELOX

## Wire Disbursement Request Form

Date: \_\_\_\_\_

Domestic Wire

International Wire

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

Amount: \_\_\_\_\_

Velox Account Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Client Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Beneficiary Information

Beneficiary Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

### Beneficiary Bank Information

Beneficiary Bank Account Number: \_\_\_\_\_

Beneficiary Bank Name: \_\_\_\_\_

Beneficiary Bank ABA Number/SWIFT Code (International Wire): \_\_\_\_\_

Beneficiary Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Other Information: \_\_\_\_\_

### Customer Authorization

Reason for Disbursement: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Joint Account Holder Signature: \_\_\_\_\_

Client Name: \_\_\_\_\_ Joint Account Holder Name: \_\_\_\_\_

Signature Date: \_\_\_\_\_ Signature Date: \_\_\_\_\_

### Registered Principal Approval:

I agree to hold all parties acting on this request, including the introducing broker and Velox Clearing LLC, and their respective agents and employees (hereinafter, "the parties") harmless from any and all claims, demands, proceedings, suits and actions and all liabilities, losses and expenses including without limitation those asserted by me, associated with actions taken by the parties due to instructions received from me in this request.

Principal Name: \_\_\_\_\_

Principal Title: \_\_\_\_\_

Principal Signature: \_\_\_\_\_

Signature Date: \_\_\_\_\_