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ALEXANDRA B.GRIFFIN
ERIN SULLIVAN

ROBERT HEAD, JR(1943-2016)
JOHN B. MOSS (1956-2016)

WIRE TRANSFER AUTHORIZATION

You requested that payment to you be made by electronic funds transfer (bank wire transfer). In order to properly credit your bank account, please provide the following information, legibly.

Bank Name: _____

Bank Address: _____

_____

ABA Routing #: _____

Name on Account: _____

Address of account: _____

_____

Account #: _____

*By signing below, I certify that I am authorized to provide the information above and do hereby request Head, Moss, Fulton & Griffin, P.A. to wire funds to the account specified. We further authorize Head, Moss, Fulton, & Griffin, P.A. to withhold $10.00 for cost of wire transfer.

Signature: _____ Date: _____

Print: _____ Date: _____

Signature: _____

Print: _____