

**Letter of Authorization
To Wire Funds**



Date _____

Account Name: _____ Account Number: _____

To Whom It May Concern:

Please accept this letter as my/our authorization to wire funds from First Clearing, LLC., customer

account number _____ in the name of _____ to:

Institution Name: _____

Address: _____

Purpose of Wire Funds (REQUIRED): _____

ABA #: _____

Beneficiary Acct #: _____

Beneficiary Name: _____

Beneficiary Address: _____

Further Benefit Info (IF APPLICABLE): _____

Reference Info: _____

Dollar Amount: \$ _____

NOTARY SEAL:

*(Required if wiring funds to a different tax ID # than
the number listed on the First Clearing account)*

Account Holder's Signature - Date

Joint Account Holder's Signature - Date

Trade-PMR, Inc. ● PO Box 358230 ● Gainesville ● Florida ● 32635-8230 ● 888-723-3767 ● fax 352-331-5830
Member of FINRA/SIPC

Clearing Services Offered Through:
First Clearing, LLC. ● One North Jefferson, St., H0005-72 ● St. Louis, Missouri 63103 ● 888-322-2532
Member of FINRA/SIPC