



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

Email, fax or mail completed forms to TradePMR:
cashiering@tradepmr.com / 352-224-1343 / PO Box 358230, Gainesville, FL 32635
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