



Branch Stamp:

### WIRE TRANSFER ORDER

**Chinese Translation for convenience only.** The Chinese translation in this form is provided for your convenience only. Should there be any contradiction between the English version and the Chinese version, the English version shall prevail.

中文翻譯僅供參考：此表格的中文翻譯僅供參考之用。若中英文版之間存在不符之處，以英文版本為準。

Reference No.:	Test:	AMOUNT: \$ _____	<input checked="" type="checkbox"/> US Dollars	<input type="checkbox"/> Foreign Currency:	Type: _____	Rate: _____
Debit the following account for the amount of the wire			Wire Department Use Entered By: _____		Wire Department Use Verified By: _____	
<input checked="" type="checkbox"/> DDA <input type="checkbox"/> SAV <input type="checkbox"/> G/L Account No: _____						

**ORIGINATOR (SENDER) INFORMATION 匯款人資料**

<p>Please indicate the PURPOSE OF THIS WIRE: 匯款用途：</p> <p><input type="checkbox"/> Personal 私人    <input checked="" type="checkbox"/> Business 商業</p> <p><input type="checkbox"/> Investment 投資</p> <p><input type="checkbox"/> Other (Specify as much detail as available) 其他 (請詳細註明): _____</p>	<p>Originators Account 匯款人帳戶: _____</p> <p>Originator's Name 匯款人姓名: <b>HUDSON WEST III LLC</b></p> <p>Residence Address 居住地址: <b>3 Columbus Circle Suite 2115</b> (no PO Box) (不接受郵政信箱)</p> <p>City/State/ZIP 城市/州/省/郵政編號: <b>New York, NY 10019</b></p> <p>Home Phone 家庭電話: _____    Work Phone 工作電話: _____</p>
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**PAYMENT INSTRUCTIONS (Please type or print clearly) 付款說明**

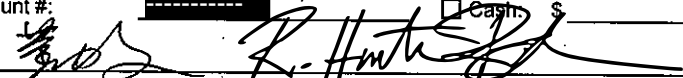
<b>BENEFICIARY BANK/BENEFICIARY INFORMATION 收款人銀行/收款人資料</b>	
(BBK) Beneficiary Bank Name (Please provide the complete bank name): 收款人銀行 (請提供銀行全名) <b>Community Bank</b>	ABA Number: 銀行識別碼: _____
Beneficiary Bank Address (street/city/state/zip; country if other than the U.S.): 收款人銀行地址 (街道/城市/州/省/郵政編號; 國家若非美國, 請註明) <b>677 Dr. Martin Luther King Jr. Blvd. Biloxi MS 39530</b>	
(BNF) Beneficiary Name (Receiver): 收款人姓名 <b>Singletary &amp; Thrash P.A. Attorneys At Law</b>	Beneficiary Account Number: 收款人帳戶號碼 _____
Beneficiary Address (street/city/state/zip; country if other than the U.S.): 收款人地址 (街道/城市/州/省/郵政編號; 國家若非美國, 請註明) <b>3487 Wells Ferry Cove Biloxi, MS 39532</b>	
(OBI) Originator to Beneficiary Information (Payment of Invoice/Message Information/Instructions to Beneficiary): 匯款人至收款人之訊息 (支付發票/訊息/收款指示)	(RFB) Reference for Beneficiary: 收款人參考文本
<b>Legal Fee</b>	

**INTERMEDIARY BANK INFORMATION (If Applicable)**

Intermediary Bank Name:	Bank ABA #:
Bank Address:	Account #:

The undersigned certifies on behalf of originator that the above information is true and correct and further agrees to be bound by the terms and conditions set forth in the Funds Transfer Agreement, receipt of which is hereby acknowledged. Please be advised all banking charges assessed by any intermediary or paying banks are not included in our bank charges.

Debit my Cathay Bank Account #: \_\_\_\_\_     Cash: \$ \_\_\_\_\_    Send Date: \_\_\_\_\_

Originator's Signature:     Date: \_\_\_\_\_

**BANK USE ONLY**

Date Rec'd: _____	Time Rec'd: _____	Prepared By: _____	Confirmed By: _____	Confirmed With: _____	Date & Time: _____
Approved by: _____ (Signature and print name)			Secondary Approval: _____ (if required; signature and print name)		
Amount of Wire	\$ _____	Acct Debited	\$ _____		
Wire Transfer Fee	\$ _____	Acct Debited	\$ _____		
(Indicate if Analysis)	_____	On-Us Check	\$ _____		
TOTAL	\$ _____	Cash	\$ _____		