

Comerica Bank - Institutional Trust Department
Authorized Initiator/Confirmer Verification Form
(Only required if option #4 is selected for Non-Repetitive Wire Transfers)

As a named "Authorized Initiator" and "Authorized Confirmer" of Payment Orders and other Wire Transfer Requests for _____, the following _____
(Name of Bank Customer)

personal identifying information is provided to Comerica Bank. It is my understanding that this information will be used solely for the verification of such requests and will not be used for any other purpose.

Name: _____

Daytime Telephone Number: _____

Last four digits of Driver's License # _____

Mother's Maiden Name
(or other codeword) _____

Signature

Date

When complete, please return to:

Comerica Bank
Institutional Trust Department
P.O. Box 75000
Detroit, Michigan 48275-3462