

WIRE TRANSFER FORM

CALL BACK PHONE # _____
CHECKED WITH OFAC/FINCEN _____

International Wire Fee: 25.00
Domestic Wire Fee: 15.00

Our Customer Info

Branch #: _____ Debit Account #: _____
Customer Name: _____
Customer Address: _____ City/ST _____ Zip _____

Bank Info

9 DIGITS REQUIRED ABA#: _____ / / / / / / / / / /
Bank Name: _____
Bank Address: _____ City/ST _____ Zip _____
Amount: \$ _____

Beneficiary Info

Acct Number: _____
Name: _____
Address: _____ City/ST _____ Zip _____

Further Credit Info.

Account Number: _____
Name _____
Address _____ City/ST _____ Zip _____

ORIGINATOR AUTHORIZATION AND ACKNOWLEDGEMENT OF DISCLAIMER

I hereby authorize First State Bank (Bank) to execute the above wire transfer order provided sufficient collected funds are available on the wire date. I agree that once this wire transfer is sent, this wire transfer order is irrevocable, and that Bank's sole obligation herein is the exercise of ordinary care. I hold Bank harmless for any loss or delay resulting from third party involvement in processing this wire transfer.

DATE OF WIRE TRANSFER ORDER	AUTHORIZING SIGNATURE OF ORIGINATOR
	X

*****Request taken by: _____

Officer Approval Signature: _____

For Wire Transfer Dept Use

Entered by _____
Verified by _____

\$0.01 - \$50,000.00
\$50,000.01 - \$250,000.00
\$250,000.01 & up

Employee
1 VP or higher
2 VP's or higher

Exception to policy Yes ___ No ___
Approved by _____