

WIRE TRANSFER FORM

CALL BACK PHONE #: _____
REQUEST RECEIVED: _____
(In Person, Phone, Email, Fax)

Domestic Wire Fee: \$20.00
International Wire Fee: \$40.00

Customer Information

Branch #: _____ Debit Account #: _____
Customer Name: _____
Physical Address: _____ City, State _____ Zip _____

Receiving Institution Info.
9 DIGITS REQUIRED

ABA/Routing #: _____
Institution Name: _____
Address: _____ City, State _____ Zip _____
Amount: \$ _____

Beneficiary (Recipient) Info.

Account Name: _____
Account Number: _____
Physical Address: _____ City, State _____ Zip _____
Phone Number: _____

Is this a recurring wire? Yes No If No, what is the purpose of wire? _____

Further Credit Info.

Reference Number: _____
Name: _____
Address: _____ City, State _____ 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

\$01 - \$50,000.00 Employee
\$50,000.01 - \$250,000.00 Employee + 1 VP or Higher
\$250,000.01 & up Employee + 2 VP's or Higher

CALL BACK PERFORMED BY _____ Entered by _____
DATE & TIME _____
CHECKED WITH OFAC/FINCEN _____ Verified by _____

Exception to policy? Yes No
Approved by _____