

**WIRE TRANSFER FORM**

REQUEST RECEIVED \_\_\_\_\_  
CALL BACK PHONE# \_\_\_\_\_  
CALL BACK PERFORMED BY \_\_\_\_\_  
DATE & TIME \_\_\_\_\_  
CHECKED WITH OFAC/FINCEN \_\_\_\_\_

International Wire Fee: 40.00  
Domestic Wire Fee: 20.00

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 \_\_\_\_\_

\$.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 _____