



Domestic Wire Transfer Form
Domestic Wire cutoff time is 2:00P.M. Central Time

The Bank Security Act's "Travel Rule" requires "By Order Of" information including Originator Name, Physical Address, City, State and Zip within the wire instructions. Provide this information to avoid delay in the processing of your wire.

*Date _____

*Wire Amount _____ (Fee \$20.00)

Beneficiary Information

*Receiving Institution Name: _____

*Receiving Institution's ABA No. _____

*Beneficiary Institution Name: (if applicable) _____

*Beneficiary Institution Account Number: (if applicable) _____

*Address: _____

*City/ State / Zip _____

Beneficiary Final Credit Acct No. _____

Beneficiary Final Credit Name _____

Address: _____

City/ State / Zip _____

Beneficiary Reference Information (if applicable):

Originator Information

*Name on Account _____

*Account Number _____ Checking Savings

*Address _____

*City/ State / Zip _____

*Contact Number _____ Work Number _____

****Contact number need to match what's on file****

*Signature: _____

Note: **All wires will require additional verification prior to processing. Failure to verify a wire will cause the wire request to be canceled.**