

PEOPLE FIRST. COMMUNITY FIRST.

Domestic Wire Transfer Request

DATE:				
Amount: \$	Check/Charge Acct#:			
Process Fee: \$	(\$25.00) Acct Ana			
Total: \$		Cash Received By:		
ORIGINATOR (PRINT)				
Account#:		Name:		
Physical Address:		City/State/Zip:		
Identification:	Issued:_	Ехр:		
BENEFICIARY				
Account#:		Name:		
Physical Address:		City/State/Zip:		
BENEFICIARY BANK				
ABA#:		Name:		
Physical Address:		City/State/Zip:		
INTERMEDIARY BANK (IF APPLICA	BLE)			
ABA#:		Name:		
Physical Address:		City/State/Zip:		
DESTINATION BANK				
ABA#:		Name:		
Special Instructions (If Applicable:)				
Purpose Of Wire:				
Relationship To Sender:				
Any request received prior to 4:00pm MT will received after 4:00pm MT, it will be processed beyond ordinary care and diligence regarding	I on the next business day. It is unde	erstood that the bank acts only as my agen	t and assumes no responsibility	
Customer Signature:		Printed Name:		
FOR INTERNAL USE ONLY				
Prepared By:		Date/Time:		
Collected Balance: \$		Available Balance:		
Cross Application (w/wire debit T/C):		Log:Log:	(Account Analysis?)	
Approved By:		Date/Time:		
Method Wire Received (Check One): 🗌 In Pe	erson 🗌 Via Phone 🔲 Via Ema	sil 🗌 Via Fax		
If a signed wire request form was faxed or emc customer's signature with an ID Signature Carc transfers on file, an employee will call to confir	d. If a customer makes an outgoing	wire request via phone, fax, or email, and	has a pre-authorization for wire	
Call Back Performed By (Approver):		Customer Signature Verified By:		



