



Domestic Wire Transfer Form

Wire cutoff time is 3:00P.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 - all items with an '*' are required.

*Receiving Institution Name: _____

*Receiving Institution's ABA No. _____

*Beneficiary Account No. _____

*Beneficiary Name: _____

*Beneficiary Address: _____

*City/ State / Zip _____

*Purpose of Wire: _____

Intermediary Institution Name: (if applicable) _____

Intermediary Institution Account No. (if applicable) _____

Address: _____

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.**