

DOMESTIC AND INTERNATIONAL WIRE TRANSFER REQUEST FORM

NOTE: Entire Form Must Be Completed in Entirety Prior to Submission.

Wire transfers may be completed only by existing customers of **First State Bank**. Requests should be presented in-bank. Domestic wire requests must be received by 2:00 p.m. in order to be processed the same day. International wire requests must be received by 2:00p.m. in order to be processed the same day. Requests received after the cut-off time will be processed the next business day. Contact the wire department for additional information.

Today's Date: _____ Date wire to be sent: _____

Customer Name: _____

Customer Address: _____ City: _____ State: _____ Zip: _____

Account Number: _____ Account Type: _____

Transfer Amount: _____

Purpose of the Wire: _____

Beneficiary (Recipient) Information

Purpose:

Beneficiary/Recipient Name: _____

Beneficiary Address: _____ City: _____ State: _____ Zip: _____

Country: _____ Contact Number: _____

Beneficiary/Recipient Account Number: _____

Beneficiary Bank Information

Bank Routing/Transit (ABA) Number: *(Domestic Wires)* _____

SWIFT Number: *(International Wires)* _____

Beneficiary Bank Name: _____

Beneficiary Bank Address: *(optional)* _____

Additional Information for Beneficiary Bank _____

Use for Repetitive Funds Transfers

Start Date: _____ Reoccurring Transaction Date: _____

Instructions: (Please note transaction cycle i.e., monthly, weekly, etc.) _____

Please be aware that transfers of \$5,000.00 or more will require telephone confirmation by the wire department. Any transfer faxed or emailed directly to the wire department will also require telephone confirmation. By signing this form, I agree that my account will be debited for this service. I hereby authorize First State Bank to transfer funds by wire as instructed above. I fully understand that the account listed will be debited for the amount of the wire and associated fees. Unless otherwise allowed by law, I agree to not hold the Bank liable or responsible if the funds transfer if it is not received and credited due to incorrect or incomplete information and/or instructions. I have read and agree to First State Bank's Wire Transfer Request Agreement.

Authorized Signature: _____

Date: _____

