

State Bank

Domestic Wire Transfer Request

Date _____ Branch _____ Time _____
Wire Amount _____ Fee _____

Customer Information

Customer Name _____
Phone Number (Daytime) _____
Physical Address _____
City, State, Zip _____
Form of Request: In Person Email Fax Phone Other _____
If Loan Proceeds: New Existing Loan#: _____
Debit Account: _____ Available Balance or Undisbursed Amount: _____

Beneficiary Bank Information

Beneficiary Bank Name _____
ABA Routing # _____ Branch Info: _____
Street Address _____
City, State, Zip _____

Beneficiary Information

Beneficiary Name _____ Account # _____
Street Address _____
City, State, Zip _____

Special Instructions (optional)

Further Credit To: _____

Employee Signature _____ Phone Extension _____
Officer Signature (if required) _____ Phone Extension _____
Customer Signature _____ Date _____

This section for bank use only

Call Back: Employee: _____ Date: _____ Time: _____
Spoke with: _____ Contact Number: _____

Customer: Please read this form in its entirety before signing. I hereby authorize State Bank of DeKalb to transfer funds by wire per the above information. I understand that my account listed will be debited for the amount of the wire and any applicable fees. I agree to hold State Bank of DeKalb harmless if the funds are not received and credited due to incorrect or incomplete instructions or information provided. **Wire Transfer Fee: see Fee Schedule.**