

DENISON STATE BANK WIRE FORM

PHONE/EMAIL/FAX - DOMESTIC WIRE

REQUEST RECEIVED VIA: PHONE EMAIL FAX

ORIGINATOR PASSWORD:

ORIGINATOR INFORMATION	
Originator Name:	
Originator Address:	
City, State, Zip Code:	
SSN/EIN:	
Phone Number:	
DSB Account #, Loan #, or Other:	
Collected Balance? If no, Officers initials:	
BENEFICIARY INFORMATION	
Beneficiary Name:	
Beneficiary Account #:	
Beneficiary Address:	
City, State, Zip Code:	
BENEFICIARY FINANCIAL INFORMATION	
Bank Name:	
Bank Telegraphic Name:	
Bank Routing (ABA) # OR DDA #:	
Bank Phone Number:	
INTERMEDIARY FINANCIAL INFORMATION	
Bank Name:	
Bank Telegraphic Name:	
Bank Routing (ABA) #:	
Bank Phone Number:	
SPECIAL INSTRUCTIONS OR REFERENCE	
Reference to Beneficiary:	
Reference to FI:	
AMOUNT OF WIRE: \$	

I HAVE VERIFIED THE ACCURACY OF THE ABOVE INFORMATION AND HEREBY AUTHORIZE DENISON STATE BANK TO MAKE THE ABOVE WIRE TRANSFER AS PER THE TERMS OF THE DSB WIRE AGREEMENT.

ORIGINATOR SIGNATURE: _____ DATE: _____
 ORIGINATOR DUAL AUTHORIZATION: _____ DATE: _____

FOR BANK USE ONLY:

DATE OF WIRE AGREEMENT:	
BANK PERSONNEL PERFORMING CALL BACK:	
PRE-VERIFIED PHONE NUMBER CALLED:	
VERIFICATION MADE WITH:	
CALL-BACK PASSWORD CONFIRMED:	Y / N

WIRE INSTRUCTIONS TAKEN BY:		DATE & TIME:	
WIRE PROCESSED BY:		DATE & TIME:	
OFAC'S ATTACHED? Y / N		FED ROUTING VERIFIED? Y / N	