



Domestic Wire Transfer (Outgoing) DATE OF TRANSFER _____

Note: A * mandates a necessary field for processing the request

Code (if required in Wire Funds Transfer Agreement):

Comments to Wire Department:

Receiving Bank and Beneficiary Information:

*Beneficiary Bank ABA # _____

*Bank Name: _____

*Beneficiary Account Number: _____

*Beneficiary Account Name: _____

*Beneficiary Physical Address and City: _____

*Beneficiary State and zip code _____

***Amount of Wire: \$ _____**

Originator Information:

*Originator Account Number: _____

*Originator Name: _____

*Street Address: _____

*City: _____

*State: _____

*Zip Code: _____

Comments to Beneficiary:

Comments to Receiving Bank:

*Authorized Signature _____

Customer Name

Please have completed form returned to First Liberty Bank no later than 3:45 P M for same day processing. Request received after this will be processed next business day.

Fax authorization to: 405.286.0972

Call to confirm: 405.608.4500

FLB Loan Officer's Signature _____