

Outgoing Domestic Wire Form

Date of Transf	er	
Prepared E	Зу	
Coo		
Comments to Wi Departme		
RECEIVING BANK		
Beneficiary Bank AB	A:	
Bank Nam	e:	
BENEFICIARY INFORMATION		
Account Numb	er	
Account Tit	le	
Physical Addres	as l	
City, State, Zip Coo	le	
AMOUNT OF WIR	E	
ORIGINATOR INFORMATION		
Account Name		
Account Number		
Street Address		
City, State, Zip		
Comments to Beneficiary		
Comments to Receiving Bank		

Authorized Signature	
Signed By	

Please send to First Liberty Bank at wires@myfirstliberty.com. Cut-off time is 3:30 pm CST for same day processing. Requests received after 3:30 pm will be processed the next business day. For further questions, call Wire Department at (405) 608.4500.

FRAUD ALERT- PLEASE READ

Always verbally verify wire instructions with the sender before initiating a wire transfer.

FLB Bank Officer Signature

9601 N. May Avenue Oklahoma City, OK 73120 405.608.4500 3500 24th Avenue NW, Norman, OK 73069 405.561.0300 P. O. Box 21848 Oklahoma City, OK 73156 myfirstliberty.com

