

DOMESTIC OUTGOING WIRE TRANSFER INFORMATION

Amount: \$ _____

Date: _____

Financial Institution Receiving Wire (Receiver & Intermediary FI 4000 if applicable):

Name _____

Phone Number _____

Address _____

Routing Number _____

Further Credit To (Beneficiary FI 4100):

Name _____

Phone Number _____

Address _____

Routing Number _____

Final Credit To (Beneficiary 4200):

Name _____

Phone Number _____

Address _____

Account Number _____

Party Sending Wire (Originator 5000):

Name _____

Phone Number _____

Address _____

Account Number _____

❖ *A fee of \$20.00 applies to each incoming and outgoing domestic wire transfer.*

Terms and Conditions: By signing below, I verify that the information above is correct. I also understand that if a wire does not reach its destination due to incorrect information above, I will be charged an additional wire transfer fee to correct the information and complete the transfer. I agree to hold Linn County State Bank harmless in the event this wire transaction does not reach its intended beneficiary based upon the information I have provided. I am willing to pay any applicable fees that are associated with tracing the location of this wire.

Signature

Date

For Institution Use

Approving Officer (if amount over \$12,500): _____ Wire Instructions Verified by: _____

Wire Entered in AutoSolution by: _____ Time: _____ Wire Verified by: _____

OFAC Originator

OFAC Beneficiary

Verification of Account Ownership/Signing Ability

Verification Printed in File

Bankers Bank Credited Amount of Wire

Customer Debited Amount of Wire

Wire Fees Credited Amount of Fee

Customer Debited Amount of Fee