

## INTERNATIONAL OUTGOING WIRE TRANSFER INFORMATION

Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_

**Originator Information:**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_

**Intermediary Bank (IBK) Information (if applicable):**

Name \_\_\_\_\_

Swift Code \_\_\_\_\_

Address \_\_\_\_\_

Foreign Bank Code \_\_\_\_\_

**Beneficiary Bank (BBK) Information:**

Name \_\_\_\_\_

Swift Code \_\_\_\_\_

Address \_\_\_\_\_

Foreign Bank Code \_\_\_\_\_

**Beneficiary (BNF) Information:**

Name \_\_\_\_\_

Account Number \_\_\_\_\_

Address \_\_\_\_\_

IBAN # \_\_\_\_\_

❖ *A fee of \$20.00 applies to each outgoing international 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 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