

# First Liberty National Bank

## WIRE TRANSFER REQUEST BY FAX

### Domestic Wires Only

FAX: 936 336 3390  
Attn: Wire Transfer Department

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

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

Purpose of the wire transfer: \_\_\_\_\_

Receiving Bank : \_\_\_\_\_

Wire Transfer ABA# : \_\_\_\_\_

Physical Address : \_\_\_\_\_

: \_\_\_\_\_

Beneficiary Name : \_\_\_\_\_

Beneficiary Account # : \_\_\_\_\_

Beneficiary Address : \_\_\_\_\_

: \_\_\_\_\_

Special Instructions : \_\_\_\_\_

Your Name : \_\_\_\_\_

Your Physical Address: \_\_\_\_\_

: \_\_\_\_\_

Your Account # at FLNB: \_\_\_\_\_

Your Phone Number : \_\_\_\_\_

Your Cell Phone Number: \_\_\_\_\_

Your Signature : \_\_\_\_\_

YOU WILL BE CHARGED A \$10.00 FAX FEE TO COMPLETE THIS TRANSACTION IN ADDITION TO THE \$20.00 WIRE TRANSFER FEE.

- ***You must have a sufficient COLLECTED Balance in the account to be charged.***
- **In order to complete your Wire Transfer Request, you MUST provide the following documents:**
  1. **An accurate, legible, completed Wire Transfer Application.**
  2. **A copy of your Social Security Card & Drivers License.**

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### BANK INFORMATION ONLY VERIFICATION PROCESS

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

Call Back #: \_\_\_\_\_

Call Back Verification Performed By: \_\_\_\_\_