



# Wire Transfer Request

Fax Number (913) 239-0422

**For FedLine Advantage**

Entered by:	Time Entered:
Verified by:	Time Verified:

Date	Time	Amount \$	Fee \$ 20.00	Recurring: Yes      No
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### Sender Information

Name (Originator)			
Account Number	Select one of the following: Checking      Savings      Loans      Certificates		
Street Address	City	State	Zip Code

### Receiver Information

Receiving Bank Name	Receiving Bank ABA #		
Account Name (Beneficiary) To Be Credited	Account Number To Be Credited		
Beneficiary Street Address	Beneficiary City	State	Zip Code

### Special Instructions

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Customer Signature (must be authorized signer)  x.	Date
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### (For Bank Use Only)

Time Received	Date	Person Verified With (must be authorized signer)	Time verified	Date
<input type="checkbox"/> AM <input type="checkbox"/> PM	VIA: <input type="checkbox"/> Telephone <input type="checkbox"/> In Person <input type="checkbox"/> Fax <input type="checkbox"/> Email		<input type="checkbox"/> AM <input type="checkbox"/> PM	
Memo Available Balance \$	Date	Taken / Received By		Date
OFAC List Checked By	Date	TMS Posted By		Date

Authorized By (**Bank Officer**) (Must have two officers approve if over \$250,000)