



**FIRSTLIBERTY**  
BANK

**Domestic Wire Transfer (Outgoing)      DATE OF TRANSFER \_\_\_\_\_**

**Note: A \* mandates a necessary field for processing the request**

**Code (if required in Wire Funds Transfer Agreement):**

**Comments to Wire Department:**

**Receiving Bank and Beneficiary Information:**

\*Beneficiary Bank ABA # \_\_\_\_\_

\*Bank Name: \_\_\_\_\_

\*Beneficiary Account Number: \_\_\_\_\_

\*Beneficiary Account Name: \_\_\_\_\_

\*Beneficiary Physical Address and City: \_\_\_\_\_

\*Beneficiary State and zip code \_\_\_\_\_

**\*Amount of Wire:    \$ \_\_\_\_\_**

**Originator Information:**

\*Originator Account Number: \_\_\_\_\_

\*Originator Name: \_\_\_\_\_

\*Street Address: \_\_\_\_\_

\*City: \_\_\_\_\_

\*State: \_\_\_\_\_

\*Zip Code: \_\_\_\_\_

**Comments to Beneficiary:**

**Comments to Receiving Bank:**

\*Authorized Signature \_\_\_\_\_

Customer Name

Please have completed form returned to First Liberty Bank no later than 3:45 P M for same day processing. Request received after this will be processed next business day.

Fax authorization to: 405.286.0972

Call to confirm: 405.608.4500

FLB Loan Officer's Signature \_\_\_\_\_