



OUTGOING WIRE TRANSFER
AUTHORIZATION
DOMESTIC WIRE TRANSFER

Date: Account Number:

Wire Amount: Wire Transfer Fee: \$25.00

Total Deducted From Above Account: \$ [] No Holds Present

[Available Balance in Above Account] Checked By Verified By

Sender/Originator: (Name/Address)

Receiving Bank: (Name/Address) ABA/RTG:

Credit to the Account of: (Name/Address)

Account Number:

Beneficiary: (Name/Address) Beneficiary Acct #

Special Instructions:

I have verified the above transfer instruction and agree that they are correct. I authorize McFarland State Bank to conduct this transfer and complete the transfer as so directed. I agree to indemnify and hold McFarland State Bank harmless from and against any and all liability, loss, damages, cost, expense, or other amount in connection with such wire transfer. Should there be an error in the transfer, I shall notify the bank before the end of the next business day following the transfer. McFarland State Bank shall be released for any mistakes or errors resulting from incorrect information provided by the transferor, or any errors caused by any depository intermediary bank.

Date: (Signature)

Daytime Telephone:

FAX COMPLETED FORMS TO MCFARLAND STATE BANK DEPOSIT OPERATIONS (608) 873-0527

FOR INTERNAL BANK USE ONLY

Wire Received: In Person By Fax By Email TMS/Entry Posted by:
(Wires received by fax/email must be confirmed by Phone. Wires NOT accepted by Phone)
Phone Confirmation To: At: AM PM Bank Employee
Method of Client Verification Known Client Photo ID Verified Signature Verified on Account Documents
(Mar 2013) Internal Wire Other (explain)