Date

Security State Bank OF Hibbing 701 E Howard St Hibbing MN 55746 (218)263-8855 Phone (218)263-2243 Fax

WIRE TRANSFER AGREEMENT

Originators Information: Please PRINT all information. V	VIRE TRANSFER FEE \$25.00
Dollar Amount: \$ Ta	expayer Identification Number
Customer Name:	
Address:	
City/State/Zip:	
Work phone: () Home ph	none: ()
Account number:	
Bank Routing Information:	
Domestic Bank Routing Number:ABA 9-Digit Routing #	International Bank Routing Number: SWIFT, UID-BIC
TO: Bank Name:	_Telephone Number
Branch Address	City/State/Country:
Beneficiary Information:	
TO: Account number at Receiving Bank:	
Name on Account at Receiving Bank:	
Address:	
Special Instructions: (Name and number of intermediary	bank, Final Credit Information, etc.)
I hereby authorize Security State Bank of Hibbing to transfer funds by be debited for the amount of the wire and any applicable fees. For function requests must be received by 2:00 pm CST. Security State Bank of Hibbing harmle information. I have read the funds transfer authorization and agree to further verification by Security State Bank of Hibbing prior to the wire Security State Bank of Hibbing verifying the information to the telephountil verification can be completed. Wire transfer requests over \$100.6 transfer agreement and signature is received the wire will be processed	ds to be wired the same day, International and Domestic wire bbing is not responsible for delays due to requests received after ess if the funds are not received and credited due to incorrect the terms by signing below. All faxed wire request will need request being processed. This may entail a call back by one number you have on record. Processing will be delayed 000.00 must have an original signature. Once the original wire
Customer Signature or Name of Originator	
Bank Use Only:	
Instruction Received By: Phone In Person Fax	
Name on OFAC List? Yes No Call Back? Yes	
Call Back by: Customer whom verified transfer:	