



CornerstoneBank

For Fedline Advantage

WIRE TRANSFER REQUEST

Fax Number (913) 239-0422

	Wire#
Entered by:	Time:
Verified by:	Time:

DATE	TIME	AMOUNT \$	FEE \$15.00	RECURRING: YES <input type="checkbox"/> NO <input type="checkbox"/>
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SENDER INFORMATION

NAME			
ACCOUNT NUMBER	CHECK ONE OF THE FOLLOWING <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
ADDRESS	CITY	STATE	ZIP

RECEIVER INFORMATION

RECEIVING BANK NAME	RECEIVING BANK ABA#		
ACCOUNT NAME (BENEFICIARY) TO BE CREDITED	ACCOUNT NUMBER TO BE CREDITED		
BENEFICIARY ADDRESS	CITY	STATE	ZIP
SPECIAL INSTRUCTIONS			
CUSTOMER SIGNATURE (must be authorized signer)			

For Bank Use Only

	PERSON VERIFIED WITH (must be authorized signer) Via: <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> In Person	TIME VERIFIED WITH CUSTOMER <input type="checkbox"/> AM <input type="checkbox"/> PM
MEMO AVAILABLE BALANCE \$	TAKEN/RECEIVED BY	
OFAC LIST CHECKED BY	TMS POSTED BY	
AUTHORIZED BY (Bank Officer) Must have two officers approve if over \$250,000		