FRONTIER BANK
WIRE TRANSFER REQUEST

NOTE: THE ORIGINATOR MUST COMPLETE THE ENTIRE FORM. WIRES WILL NOT BE SENT WITHOUT THE PHYSICAL ADDRESS OF THE ORIGINATOR OR BENEFICIARY. ALL FUNDS WIRED MUST BE COLLECTED BALANCES OR CASH PAYMENT. WIRES MUST HAVE AUTHORIZED SIGNATURES. WIRES ARE ACCEPTED FOR FRONTIER BANK CUSTOMERS ONLY.

****WIRE REQUESTS RECEIVED AFTER 3:00 PM WILL BE PROCESSED ON THE NEXT BUSINESS DAY.****

061120217 Frontier Bank

Please mark one of the following:

REPETITIVE WIRE: ☐

NON-REPETITIVE WIRE: ☐

Consumer ☐
(Governed by Account Agreement)*

Commercial ☐
(Governed by Wire Transfer Agreement)**

Verified funds COLLECTED: ____

Amount: $ _____ **plus**
$25.00 wire fee

Account Number to be debited: _____

Savings ☐ **Checking** ☐ **Other:** _____
(Please circle One)

ID/Driver's License No. of Originator: _____
(ID/Driver's License No. of Originator required)

Originator: _____
Address: _____
City: _____
State: _____ **Zip:** _____
Phone: _____
Fax: _____

_____ _____ _____
BRANCH REPRESENTATIVE (If wire amount exceeds your signing authority, Branch Officer must sign below) **DATE**

Received:
☐ In Person
☐ Via Fax
☐ Via Telephone

***If approving wire transfer on uncollected and unavailable funds, explanation MUST be given below or wire WILL NOT be processed.**

_____
_____
_____

WIRE DEPT USE ONLY!
Wire has been returned due to the following reason:

_____ _____
Officer's UNSECURED Lending Limit

Exceeding unsecured lending limit must have Area Executive Officer approval

_____ _____
BRANCH OFFICER **DATE**

WIRE TO:

Receiver Bank ABA: _____ **(MUST BE 9 DIGITS)**
Receiver Bank Name: _____
Beneficiary Account No.: _____
Beneficiary Account Name: _____
Beneficiary Address: (No P.O. Box) _____
City: _____ **State:** _____ **Zip:** _____
Originator to Beneficiary:
(Additional Information)
(57 characters)
_____
_____

(X) _____ _____
*Account Owner (Consumer) (Date)

OFAC Verified by: _____
Date Verified: _____

(X) _____ _____
**Account Owner/Authorized Agent (Commercial) (Date)