

# First State Bank

304 E. Main Street  
PO Box 39  
Belmond, IA 50421-0039

Phone: (641) 444-3226  
Fax: (641) 444-7119  
Email: ach@fsbbelmond.com

## Outgoing Wire Transfer Instructions

### Originator (Sender) Info:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Account Number (Identifier): \_\_\_\_\_

Dollar Amount: \$ \_\_\_\_\_

*Financial Institution: First State Bank    Routing #: 073921543*

### Receiving Bank Info:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Receiving Bank ABA # : \_\_\_\_\_

Short Name: \_\_\_\_\_

### Beneficiary (Recipient) Info:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Beneficiary's Account #: \_\_\_\_\_

Beneficiary Email: \_\_\_\_\_

### Other Wiring Instructions:

Customer Signature: \_\_\_\_\_

#### \*\*FOR INTERNAL BANK USE ONLY\*\*

Date \_\_\_\_\_ Time \_\_\_\_\_ Call Back Performed?    Y    N    Call Back Confirmed by \_\_\_\_\_

Request made: \_\_\_\_\_ In Person \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email    Call Back Phone #: \_\_\_\_\_

Funding: \_\_\_\_\_ Cash \_\_\_\_\_ Debit Customer's Account    Funds Available?    Y    N    Funds Verified by \_\_\_\_\_

OFAC checked by: \_\_\_\_\_ Originator \_\_\_\_\_ Beneficiary    Prepared by \_\_\_\_\_ Verified by \_\_\_\_\_    Rev 3/2/2023