



Domestic and International Wire Transfer Request Form

Wire transfers may be completed only by existing customers of Community State Bank, N.A. Requests should be faxed to 515-252-1171 or mailed to Community State Bank, N.A., Wire Department, PO Box 308, Johnston, IA 50131. Wire requests must be received by 2:00 p.m.* in order to be processed the same day. Requests received after that time will be processed the next business day. *Deadline may be earlier on Federal holidays. Contact the Wire Department at 515-252-1348 for additional information.

Today's Date	Date Wire to be Sent	Customer Name	Phone number where you can be reached	
Customer Address		City	State	Zip
Name of Authorized Representative making wire request			SSN/TIN	Port Number

1. Account Information

Transfer funds from the following Community State Bank, N.A. Account:

Acct #: Savings Account Checking Account Money Market Account

Requested Amount of Wire:

Domestic Wire International Wire: Country:

2. Beneficiary (Recipient) Information

Purpose:

Beneficiary/Recipient Name	Beneficiary/Recipient Account #	Beneficiary Phone Number	
	Acct #:		
Beneficiary Address	City	State	Zip
Additional Information for Beneficiary			

3. Beneficiary Bank Information (This is the bank where the beneficiary maintains their account)

Bank Routing/Transit (ABA) Number: (Domestic wires)	SWIFT #: (International Wires)		
Beneficiary Bank Name	Bank Short Name		
Beneficiary Bank Address (optional)	City	State	Zip
Additional Information for Beneficiary Bank			

My signature below indicates that I have the authority to execute this funds transfer request from the account(s) listed above. Community State Bank may rely on the information I have provided in this request in executing the wire transfer. I understand that a wire fee will be assessed for this transaction as described in the Bank's Fee Schedule.

Signature _____ Date _____

Wire Taken By (Bank Employee) _____ Date _____

For Internal Use Only

Collected Funds Available OFAC Checked for Originator and Beneficiary _____ (Initial)
 Uncollected Funds (Approved By: R. Nagel C. Williams) PIN Call Back: Date/Time: _____
Name: _____

Sent By: _____ Verified By: _____

Reference # _____ Special Instructions: _____