



Funds Transfer Request

Transfer Information			
Date:	Wire Amount:	Foreign Currency Code:	
Receiving Bank Information			
Bank Name:	ABA # / Swift Code:		
Branch Name:			
Address:			
City:	State:	Zip:	Country:
Beneficiary Bank Information <small>(This is the bank where the beneficiary maintains their account, if different from Receiving Bank)</small>			
Bank Name:	Identifier:	Code:	
Branch Name:			
Address:			
City:	State:	Zip:	Country:
Beneficiary Information <small>(This is the ultimate recipient of funds)</small>			
Beneficiary's Name:	Account #:		
Address:			Phone #:
City:	State:	Zip:	Country:
Special Instructions (Information for the beneficiary): <small>(285 char max)</small>			
Purpose of Wire <small>(Required for internal bank information if not fully explained in Special Instructions section)</small>			
<small>(95 char max)</small>			
Requestor/Originator Information			
Name:	Account #:		
Address:			
City:	State:	Zip:	
<p>Customer Approval: I hereby authorize American National Bank to transfer the funds as set forth in the instructions noted herein (including debiting my account for the amount of the wire plus fees) and agree that such transfer of funds is subject to the American National Bank funds transfer agreement. It is also hereby agreed that no responsibility shall be attached to American National Bank for any loss or damage resulting from errors, omissions or delays in the transmissions or delivery of such notice.</p>			
Customer Signature: _____ Date: _____			
For Bank Use Only			
Request Accepted By:		Time:	
Request Received Via: <input type="checkbox"/> In Person <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Letter <input type="checkbox"/> Phone		Transfer Agreement on File: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Callback Performed? <input type="checkbox"/> Yes – Record full name of person contacted below		<input type="checkbox"/> No – Record reason below	Wire Fee:
Full Name or Reason:		Authentication:	
Callback Performed By:		Time:	Phone:
Available Bal:	Current Bal:	Authorized Signature:	
Additional Authorized Signature(s):			
For Wire Room Use Only			
Processed By:	Verified By:	Released By:	Wire Through Bank:

Complete this form, Print it, and FAX to (954) 491-2833.