

* *Indicates Required***BASIC INFORMATION**

Sending Bank ABA:	073901880
* Destination Bank ABA:	
* Destination Bank (Instructed Agent) Name:	
* Amount:	
* Purpose:	

ORIGINATOR (DEBTOR) INFORMATION

* Account Number:	
* Name:	
* Address:	

BENEFICIARY (CREDITOR) INFORMATION

* Account Number:	
* Name:	
* Address:	

BENEFICIARY BANK (CREDITOR AGENT) INFORMATION (*if different from Destination Bank)

Routing/ABA:	
Bank Name:	
Bank Address:	

ORIGINATOR TO BENEFICIARY INFORMATION

Remittance Info	
Unstructured:	

IMPORTANT: This agreement is subject to Article 4A for the Uniform Commercial Code-Fund Transfers as adopted in Iowa. If you originate a fund transfer and you identify by name and number a beneficiary financial institution, an intermediary financial institution or a beneficiary, we and every receiving or beneficiary financial institution may rely on the identifying number to make payment. We may rely on the number even if it identifies a financial institution, person, or account other than the one named.

The Undersigned has read and reviewed the above information and represents that the above information provided is correct. Except as prohibited by law, the undersigned agrees that this wire transfer is irrevocable. Iowa State Bank is not responsible for any loss or delays which may occur as a result of any other party's involvement in processing this transfer.

The undersigned agrees to pay an Outgoing Wire Fee of \$25.00 + tax (\$26.75) for this transfer.

* Originator Phone number: _____ * Date Requested: _____

* (Authorized Signature)

******* BANK USE ONLY *******

Prepared by: _____	Wire Number: _____
Approving Officer over \$50,000: _____	Customer Verified (when required): _____
Cross App: _____	OFAC Verified: _____
Entered by: _____	Released by: _____