



Outgoing Wire Transfer

ABOUT WIRE TRANSFERS

KS StateBank only completes wire transfers for its clients. To be processed the same day, domestic transfer requests must be received by 3 p.m. (CT) and international transfer requests must be received by 2 p.m. (CT). These deadlines may be earlier on Federal holidays. Requests received after that time will be processed effective the next business day.

CLIENT (REQUESTOR) INFORMATION

Wire Date	Client Name	
Phone Number	Requestor	
Account Number	Address	
City	State	Zip
Wire Amount (Funds are transferred in \$ U.S. unless otherwise directed.)		Fee

DOMESTIC WIRE TRANSFER – BENEFICIARY BANK INFORMATION

Routing Number	Bank Name	
City	State	Zip

INTERNATIONAL WIRE TRANSFER – BENEFICIARY BANK INFORMATION

Swift Code	Bank Name	
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Full physical address including city, state, zip and country

BENEFICIARY (RECIPIENT) INFORMATION

By initialing hereafter, I acknowledge that I have verified the accuracy of the beneficiary account information listed on this wire transfer form directly with the authorized requesting customer through telephonic verification or other means of direct communication (not including email or text message). By initialing hereafter, I accept responsibility for the authenticity and accuracy of the information provided above. _____ (initial here).

Name	Account Number
Full physical address including city, state, zip (and country if not US)	
Additional Information	
Additional Information	Purpose of Payment (Required for International Wires)

AGREEMENT

I represent I have the authority to make this wire transfer request on behalf of the account holder and from the account entered above. I authorize KS StateBank ("Bank") to honor this request to wire transfer funds from such account, and the Bank may rely in good faith on the information entered on this form. I acknowledge the Bank, at its sole discretion and based on surrounding circumstances, may decline to accept this request and perform the wire transfer. I acknowledge and agree the Bank shall not be liable for any loss or expense arising from the Bank's actions regarding this request, and the Bank's records shall be binding on all parties. I agree to pay the fees charged to such account in accordance with the Bank's fee schedule.

Signature	Date
FOR OFFICE USE ONLY	
<input type="checkbox"/> Available Funds <input type="checkbox"/> OFAC Check Non-Match/Hit <input type="checkbox"/> OFAC Check Match <input type="checkbox"/> PIN Verification <input type="checkbox"/> Call Back	
Received By	Date
Time Received	Date
Sent By	Date
Verified By	Date

TO SUBMIT

This request may be presented at any KS StateBank office or mailed to:
 KS StateBank
 Attn. Wire Transfer Department
 1010 Westloop Place
 Manhattan, KS 66502