



American
NATIONAL BANK

American National Bank

Funds Transfer Request

Transfer Information

Date:	Transfer Agreement On File (required for fax, letter, email and phone requests) : <input type="checkbox"/> Yes <input type="checkbox"/> No		
Wire Amt:	Handling Chg:	Total:	Foreign Currency Code:

Receiving Bank Information

Bank Name:	ABA # :	Phone:	
Branch Name:			
Address:			
City:	State:	Zip:	Country:
Wire Through Bank:			

Beneficiary Bank Information

Bank Name:	Identifier	Code:	
Branch Name:	Phone:		
Address:			
City:	State:	Zip:	Country:

Beneficiary Information

Beneficiary's Name (Account Title):	Acct #:		
Address:	Phone #		
City:	State:	Zip:	Country:
Special Instructions (Information for the beneficiary):			

Requestor/Originator Information

Request Received Via: Phone Fax Letter Email In Person	Acct #:	Phone #:
Name:	Address:	
City:	State:	Zip:

Customer Approval: I hereby authorize American National Bank to transfer the funds as set forth in the instructions notes herein (including debiting my account for the amount of the wire plus charges) 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.

Customer Signature: _____ Date: _____

Internal Information

Request Accepted By:	Time:
Callback Performed? <input type="checkbox"/> Yes – Record name of person contacted below <input type="checkbox"/> No – Record reason below	
Name or Reason:	
Callback Performed By:	Time:
Account Balance Status:	Authorized Signature:

Wire Room Use Only

Processed By:	Verified and Released By:
File Name:	Federal Reserve Number :