



CUSTOMER WIRE TRANSFER REQUEST

Wire Type: CTR1000

Recurring Recurring Wire Name: _____

Amount: \$ _____

Receiver ABA _____

Receiver Bank Name _____

Intermediary Bank ABA _____

Intermediary Bank Name _____

Intermediary Bank ID _____

'D' Demand Deposit Account

'F' Fed Routing Number

'B' Bank Identifier Code

'C' CHIPS Participant

'U' CHIPS Identifier

Originator:

Account _____

'D' Demand Deposit Account

Other _____

Name _____

Address 1 _____

Address 2 _____

City _____

State _____ Zip _____

Beneficiary:

ID/Account _____

'D' Demand Deposit Account

'F' Fed Routing Number

'B' Bank Identifier Code

'C' CHIPS Participant

'U' CHIPS Identifier

Name _____

Address 1 _____

Address 2 _____

City _____

State _____ Zip _____

Reference to Beneficiary _____

Originator to Beneficiary _____

Bank to Bank: _____

I authorize Libertad Bank to transfer funds as described herein and debit my account in the amount transferred plus applicable charges.

X _____
Signature

Date ____/____/____

Request by Phone (512) 693-3600

Request by Fax (512) 693-3614

Bank Use:
Callback Phone Number: _____ Name of Authorized Person: _____
Name of Caller: _____ Called Date & Time: ____/____/____ ____:____
Entered by: _____ date: ____/____/____ time: _____ Approved by: _____ date: ____/____/____ time: _____
OFAC OK <input type="checkbox"/> by _____ Wire Fee Charged: \$ _____

Libertad Bank SSB
512 E Riverside Drive, Suite 100
Austin, Texas 78704

