

IN PERSON
EMAIL
PHONE
FAX



Dream First Bank®
DREAM FIRST BANK-WIRE REQUEST

IN HOUSE

AMOUNT OF WIRE US DOLLARS: \$

ORIGINATOR INFORMATION

ORIGINATOR ACCOUNT NUMBER:

ORIGINATOR FULL NAME:

ORIGINATOR PHYSICAL ADDRESS:

CITY:

STATE:

ZIP:

RECEIVING BANK INFORMATION

RECEIVER BANK ABA:

RECEIVER BANK NAME:

BENEFICIARY INFORMATION

BENEFICIARY ACCOUNT NUMBER:

BENEFICIARY FULL NAME:

BENEFICIARY PHYSICAL ADDRESS:

CITY:

STATE:

ZIP:

BENEFICIARY REFERENCE:

ORIGINATOR PHONE #:

BENEFICIARY PHONE #:

BENEFICIARY DATE OF BIRTH:

To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of the institution named above is to exercise ordinary care in processing this wire transfer and that it is not responsible for any losses or delays which occurs as result of any other party's involvement in processing this transfer. Notice: the beneficiary's bank may make payment based upon the beneficiary's account number listed above, even if it identifies a person different from the named beneficiary.

X _____

DATE:

TIME:

FEE: \$20.00 If wire information is not accurate and the wire is either rejected or returned to DFB- the wire fee of \$20.00 will be assessed again to send wire. The receiving bank can also assess a fee for this wire and also assess a fee to return wire for inaccurate information.

OFAC CHECK: ___ YES ___ NO

FORM PREPARED BY:

VERIFIED COLLECTED FUNDS AND POSTED:

FOR WIRE DEPARTMENT USE ONLY

VERIFIED FUNDS:

WIRED OUT: _____

VERIFIED CALL BACK:

VERIFIED WIRE: _____