

Texana Bank, N.A.

Domestic Wire Transfer Request

Date _____ Branch _____ Time _____
Wire Amount _____ Fee \$12.00

Customer Information

Customer Name _____
Phone Number (Daytime) _____
Physical Address _____
City, State _____ Zip Code _____
Driver's License State _____ Number _____ Social Security # _____
Form of Request In Person Mail Fax Phone Other _____
Debit Account _____ Available Balance _____

Beneficiary Bank Information

Beneficiary Bank Name _____
ABA Routing # _____ Branch Info. _____
Street Address _____
City, State _____ Zip Code _____

Beneficiary Information

Beneficiary Name _____ Account # _____
Street Address _____
City, State _____ Zip Code _____

Special Instructions (optional)

Further Credit To: _____

Employee Signature _____ Phone Extension _____

Officer Signature (if required) _____ Phone Extension _____

Customer Signature _____ Date _____

Customer: Please read this form in its entirety before signing. I hereby authorize Texana Bank, N.A. to transfer funds by wire per the above information. I understand that my account listed will be debited for the amount of the wire and any applicable fees. I agree to hold r Texana Bank N.A. harmless if the funds are not received and credited due to incorrect or incomplete instructions or information provided. **Wire Transfer Fee: see Fee Schedule.**

**Please notify the wire department before you fax.
Fax to (903) 223-9970**

Revised 1/19/2010