THE HONDO NATIONAL BANK
OUTGOING FUNDS TRANSFER RECORD FOR
ESTABLISHED CUSTOMERS AS ORIGINATORS

(rev. 11/11)

ALL WIRE REQUESTS MUST BE IN WRITING

(* Items=Required)

ORIGINATOR INFORMATION (individual requesting wire be sent)

Name* _____

Address* _____

Number and Street (not PO Box) City State ZIP Code

Account Number* _____

TIN,EIN, Alien ID Number of Passport Number/Country*_____

BENEFICIARY INFORMATION (individual to receive wire)

Name* _____

Address* _____

Number and Street (not PO Box) City State ZIP Code

Account Number* _____

Any Other Specific Identifier of Beneficiary _____

Bank's Name*_____ Bank Routing#* _____

PURPOSE* _____

PAYMENT ORDER INFORMATION

Payment Order Amount* $ _____

Payment Instructions

_____

_____

_____

_____

Originator's Signature* _____

(if order delivered in person) Date* _____

HNB Employee* _____

(who took order for Wire Transfer) Order Date* _____

HNB Employee* _____ **HNB Employee*** _____ **OFAC checked*** _____

(who processed request) (verified request)

Call Back Verification: _____ **Funds Collected?*** _____