DOMESTIC WIRE TRANSFER

Amount:		
Destination Bank:	**ABA Routing Number**	
	Name	
Beneficiary Bank: **(for foreign wires)**	**DDA Account Number**	
	Name	
	Address	
	City, State, Zip	
Beneficiary:	**DDA Account Number**	
	Name	
	Address	
	City, State, Zip	
Originator:	**DDA Account Number**	
	Name	
	Address	
	City, State, Zip	
Beneficiary Information:		
Financial Info Information:		

Authorized Signature: X _____

FAX COMPLETED FORM TO 402-643-3099

Attention: Customer Service-Wire Transfer

FOR INTERNAL USE ONLY

Approving Bank Official:		(Circle One)	Call Customer	Date	Time
X		H M L			

Bank Official Entered		Date	Time	Verified By	Date	Time
OFAC		**Fee**			**Tickets**	