



# Lisle Savings Bank

HERE YESTERDAY, HERE TOMORROW.

## WIRE TRANSFER

DATE	ORIGINATOR (5000)	
ORIGINATOR ADDRESS	ORIGINATOR DRIVER'S LICENSE #	
DAYTIME PHONE	WITHDRAWN FROM ACCOUNT NUMBER	
AMOUNT OF WITHDRAWAL	PURPOSE OF WIRE	
WIRE TRANSFER FEE	WIRE TRANSFER AMOUNT (2000)	

**BE ADVISED THAT ALL WIRE REQUESTS SENT TO LISLE SAVINGS BANK VIA FAX WILL BE CONFIRMED BY TELEPHONE BEFORE THE WIRE IS SENT.**

### RECEIVER ABA (3400)

BANK NAME	ABA #
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### BENEFICIARY FINANCIAL INSTITUTION (4100)

NAME	ABA # or SWIFT CODE
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ADDRESS \*\*

### BENEFICIARY (4200)

NAME	ACCOUNT #
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ADDRESS\*\*

### ADVICE INFORMATION (6400)

NAME	ACCOUNT #
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ADDRESS\*\*

*\*\*Addresses are required for all parties involved in the wire transfer, P.O. Boxes will **not** be accepted.*

*Wire information must be provided to a Deposit Services Representative no later than 3:00 pm Monday through Friday to allow sufficient time for processing of the wire transfer.*

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

***If faxing please submit to Deposit Services at (630) 852-4792.***

***Internal Use Only***

Transfer Specialist	Transfer Verifier	Officer Approval	Reviewer