GULF STATE Community Bank
Member FDIC

Wire Transfer Form
Outgoing Domestic Wire

MUST Complete all information

Employee: ☐☐☐☐☐☐☐☐ Date & Time: _____

Source of Instructions: ❒ In-person ❒ Phone ❒Fax ❒Other _____

Basic Transfer Information:

Amount: $☐,☐☐☐,☐☐☐.☐☐ Fee: $20.00

☑ Debit Account: ☐☐☐☐☐☐☐☐☐☐ ❒ Cash ❒ Check

Receiver Bank Information: (if applicable)

Name: _____ ABA/Routing #: ⑆☐☐☐☐☐☐☐☐⑆

Address: _____

Beneficiary Bank Information:

Name: _____ ABA/Routing #: ⑆☐☐☐☐☐☐☐☐⑆

City/State: _____

Beneficiary Information:

Beneficiary Name: _____

Account #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address: _____

Originator Information:

Name of Person or Company sending wire: _____

Address: _____

Phone #: ☐☐☐ - ☐☐☐ - ☐☐☐☐ SSN: ☐☐☐ - ☐☐ - ☐☐☐☐

Second ID Number: _____ Type of ID: _____

Disclaimer:

I hereby authorize Gulf State Community Bank to debit my account for the amount listed above (if applicable) plus the appropriate wire fee. I further authorize the wire transfer of said funds as ordered in this authorization. I agree that in the event this transfer is unreasonably delayed or is not completed, the Bank shall have no liability unless the delay or failure to complete was due to the Bank's failure to exercise care or act in good faith. If the transfer is not completed, the Bank's liability is limited to the amount received by the Bank to transfer, forgone interest, and the Bank's fee. If the transfer is unreasonably delayed, the Bank's liability is limited to foregone interest and the Bank's fee. In no event shall the Bank be responsible for consequential damages, even if such consequential damages were a foreseeable result of an unreasonable delay or failure to complete a transfer.

_____ SIGN HERE _____

Authorized Signature *Date*

Please Fax Back To 850.697.8516