



The undersigned originator requests payment to be made to the beneficiary or account number named below. To the extent not prohibited by law, the undersigned agrees that this wire is irrevocable and that the sole obligation of the institution named above is to exercise ordinary care in procession this wire transfer and that is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer.

I _____ am requesting and authorizing the First State Bank of Bedias to wire funds from my First State Bank of Bedias account per verbal authorization when the appropriate identifying information is given via phone.

Identifying information required:

Name _____

Acct. No _____

Address of Account _____

SS# _____

DOB _____

Designated password/pin(if applicable): _____

I agree that at the time of each wire request, I will provide either a swift code or 9-digit routing number for the receiving bank.

I understand that the First State Bank of Bedias (or other institutions) may rely on the account or other identifying number I provide as the proper identification, even if it identifies a different party or institution.

I understand that once my wire request is processed, the wire transfer cannot be cancelled.

I understand that the First State Bank of Bedias will process my request to send a wire according to their wiring instructions.

If any portion of my wiring instructions is incorrect or the First State Bank of Bedias is unable to complete my request, I release the First State Bank of Bedias of any and all liability in connection with this wire transfer.

Account Owner Signature

Date

Account Owner Signature

Date