Repetitive Wire Transfer Set-up Form

Institution Name: _____

Institution DDA Number: _____ Date: _____

Initiator* (Print Name): _____ Signature: _____

Phone Number: _____

Authorized by* (Print Name): _____ Signature: _____

*In order to request the set-up of a repetitive wire, the initiator and authorizer must have wire transfer authorization privileges on file at FHLBank Topeka.

Repetitive Set-up Information:

Originator Name (ORG): _____

ORG Account Number: _____

ORG Address, City, State: _____

ABA Number Where Wire is Going: _____

Receiving Bank Name: _____

Beneficiary Bank (BBK): _____

BBK Account Number: _____

Beneficiary Name (BNF): _____

BNF Account Number: _____

BNF Address: _____

BNF City, State, Zip Code: _____

Originator to Beneficiary Information** (OBI):

_____

Bank to Bank Information** (BBI):

_____

** OBI and BBI information fields are the only fields that can be modified when sending a repetitive wire.

Wire Services Area Only:

WS Employee Entering in System: _____ Date: _____ Msg Type: _____ Dept: _____

Initiator Signature Verified: _____ Authorizer Signature Verified: _____ Repetitive Code Assigned: _____

Entered into Fedline Advantage: _____ WS Employee Verifying All Data: _____

Date: _____ Customer called to Verify Data and advise of Repeat Code: _____