

Wire Transfer Request

Phone: 972-735-1000

Fax: 972-735-1566



Date: _____

Customer Information

Account Name: _____

Account Number to be Charged: _____

Amount of Wire: _____

Receiving Bank Information

Name: _____

ABA / Routing #: _____

City, State: _____

Beneficiary Information

Account Name: _____

Address: _____

Account Number: _____

Special Instructions or Reference: _____

Customer Authorization Signature: _____

Grand Bank Use Only:

Instructions Taken By: _____

Fee: _____

Request Type:

In Person Fax Phone Email

Identity Authorization:

Signature Card Other _____

Verified by: _____

Current Balance: _____

Collected Balance: _____

Bank Authorization Signature: _____