REPETITIVE WIRE TRANSFER-CORPORATE CUSTOMER

BANK OF NORTH DAKOTA
OPERATIONS
SFN 59502 (4-2010)

1-800-472-2166 Ext 8-5644

Pursuant to the Domestic and International Funds (Wire) Transfer Agreement, the customer requests that the following wire transfer instructions to be established as a Repetitive Wire Transfer. Information bold is required.

ORIGINATOR (ORG)

Name		**Account Number**	
Address	**City**	**State**	**ZIP Code**

RECEIVING BANK (REC)

Name		**ABA Number**	
Address	City	State	ZIP Code

BENEFICIARY (BNF)

Name		**Account Number**	
Address	**City**	**State**	**ZIP Code**
Will there be Reference information that will be included with each wire that may change from wire to wire? ☐ Yes ☐ No			
Reference			

BENEFICIARY BANK (BBK)

Name		**Account Number/ABA**	
Address	City	State	ZIP Code

INTERMEDIARY BANK (IBK)

Name		**Account Number/ABA**	
Address	City	State	ZIP Code

Wire Transfer Officer Signature	**Printed Name**	**Date**

Request MUST be signed by the wire transfer officer on file with BND.

Bank of North Dakota Use Only:			Repeat Code Assigned
Date Input	Keyed By	Verified By	PAYplus
Date Input	Keyed By	Verified By	BND Direct