REPETITIVE WIRE TRANSFER - CORPORATE CUSTOMER

BANK OF NORTH DAKOTA
OPERATIONS
SFN 59502 (10-2024)

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 in **bold** is required.

ORIGINATOR (ORG)

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

RECEIVING BANK (REC)

Name		**ABA**	
Address	City	State	ZIP Code

BENEFICIARY (BNF)

Name		**Account Number**	
Address	**City**	**State**	**ZIP Code**
Is reference information included that may change from wire to wire? ☐ Yes ☐ No	**Reference**		
Purpose of Wire			

BENEFICIARY BANK (BBK)

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

INTERMEDIATE 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