



# FCB WIRE TRANSFER REQUEST

\* Indicates Required Fields

## FROM: FCB Account Holder Information

I hereby authorize and direct First Command Bank to transfer funds by wire transfer from the below referenced FCB account to the receiving account as follows:

\* Wire Amount: \$ \_\_\_\_\_

*Note: The amount deducted from your account will be the amount of the wire, plus a \$20.00 outgoing wire transfer fee.*

\* FCB Account Number: \_\_\_\_\_

\* Name on Account: \_\_\_\_\_

\* Physical Address: \_\_\_\_\_  
\_\_\_\_\_

\* City, State, ZIP: \_\_\_\_\_

*In the event FCB must reach you, please provide two valid phone numbers, including area codes.*

\* Primary Phone: \_\_\_\_\_  
 Home  Work  Cell

\* Secondary Phone: \_\_\_\_\_  
 Home  Work  Cell

E-mail Address: \_\_\_\_\_

*Continue* ↗

## TO: Receiving Financial Institution

\* Bank Name: \_\_\_\_\_

\* Bank ABA (or Routing) #: \_\_\_\_\_

\* Address: \_\_\_\_\_  
\_\_\_\_\_

\* City, State, ZIP: \_\_\_\_\_

### Recipient Information

\* Name on Account: \_\_\_\_\_

\* Account Number: \_\_\_\_\_

### For Further Credit To (if applicable):

Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

### Intermediary Financial Institution (if applicable):

Bank Name: \_\_\_\_\_

Bank ABA (or Routing) #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

## Reference Information/Special Instructions

Blank area for reference information or special instructions.

Wires submitted after 2pm CST will be processed the following business day. Wire transfers exceeding \$20,000 or wires being sent to a beneficiary other than the person requesting the wire will require a call back to verify the wire information prior to the bank processing the wire. Therefore, it is very important that the bank have a good contact phone number. Without verification, the wire transfer will not be processed.

An outgoing wire transfer fee of \$20.00 will be assessed over the amount wired. There is no fee to process an incoming wire.

☞ Signature of Account Holder \_\_\_\_\_

\_\_\_\_\_ Date

Please print, **sign**, and fax this form to 1-888-763-7605 (toll-free) or 1-817-763-0557.



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