



# Lisle Savings Bank

HERE YESTERDAY, HERE TOMORROW.  
**DOMESTIC WIRE TRANSFER**

|                      |                               |
|----------------------|-------------------------------|
| DATE                 |                               |
| ORIGINATOR NAME      | ORIGINATOR ADDRESS            |
| DAYTIME PHONE        | WITHDRAWN FROM ACCOUNT NUMBER |
| AMOUNT OF WITHDRAWAL | PURPOSE OF WIRE               |
| WIRE TRANSFER FEE    | WIRE TRANSFER AMOUNT          |

**BE ADVISED THAT ALL WIRE REQUESTS SENT TO LISLE SAVINGS BANK VIA FAX OR E-MAIL WILL BE CONFIRMED BY TELEPHONE BEFORE THE WIRE IS SENT.**

### RECEIVING BANK

|                    |     |
|--------------------|-----|
| NAME OF BANK       | ABA |
| ADDRESS OF BANK ** |     |

### RECEIVING ACCOUNT

|           |                |
|-----------|----------------|
| NAME      | ACCOUNT NUMBER |
| ADDRESS** |                |

### FURTHER CREDIT

|           |         |
|-----------|---------|
| NAME      | ACCOUNT |
| ADDRESS** |         |

**\*\*F.H.L.B. now requires addresses for all parties involved in the wire transfer, P.O. Boxes will **not** be accepted. Wire transfer information must be provided to a Lisle Savings Bank Deposit Services Representative in sufficient time to allow for processing a wire transfer which has a cutoff time of 3 pm CST Monday through Friday.**

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**If faxing please fax to Deposit Services at (630) 852-4792**

**Internal Use Only**

| Submitted By | Person Calling in Wire | Test Code | REF# | SUP Approval | FHLB Receiver | FHLB Verifier |
|--------------|------------------------|-----------|------|--------------|---------------|---------------|
|              |                        |           |      |              |               |               |