



Lisle Savings Bank

HERE YESTERDAY, HERE TOMORROW.

FOREIGN WIRE TRANSFER

DATE	ORIGINATOR ADDRESS	
ORIGINATOR	ORIGINATOR DATE OF BIRTH	
DAYTIME PHONE	WITHDRAWN FROM ACCOUNT NUMBER	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.

U.S. BANK (WILL BE REQUIRED IF F.H.L.B. HAS NOT SENT THIS WIRE PREVIOUSLY OR IF THEY CANNOT LOCATE THE FOREIGN BANK)

NAME OF BANK	ABA
ADDRESS OF BANK **	

FOREIGN BANK

NAME OF SECOND BANK	SWIFT CODE IF AVAILABLE
ADDRESS OF BANK**	

RECEIVING ACCOUNT

ACCOUNT NUMBER	BENF
BENF ADDRESS**	SSN or DATE OF BIRTH

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