

Wire Transfer Request/Authorization

For same day processing, outgoing wire request
must be received by 2:30 p.m. Kansas City time

Date Recv/ Time Recv / Time Sent / Empl

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Originating Bank's Name

Community First Bank

Transit / Routing Number

1010-0100-5

Originating Bank's Address

650 Kansas Avenue

Kansas City, Kansas

66105-1348

P O Box 5188

Kansas City, Kansas

66119-0188

Originating Bank's Telephone Numbers

Tel: 913-371-1242

Fax: 913-371-7516

Originating Bank's Tax ID #

48 - 0221590

On behalf of myself or the organization named, I request Community First Bank to initiate the following wire transfer and I authorize the Bank to charge the account shown for the wire amount plus any fees.

Wire Sent At The Request Of:

Authorized By:

Community First Bank Account #:

Wire Date:

Wire Amount In US \$:

\$

Mailing Address:

City, State and Zip:

Day Time Telephone:

Tax ID # or SSN:

Other Identification (Type - Issuer - Number - Exp Date):

Type	Issuer	Number	Exp Date
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Receiving Bank Name:

City and State:

Receiving Bank ABA #

Credit The Account Of (Name, City & State of Intermediary Org.):

Account #:

Other Information:

Final Beneficiary Information (FBO): Name:

Account #:

Recipient's Full Mailing Address

Day Time Contact Person and Telephone Number:

Contact Name Phone #

Tax ID # or SSN:

Other Information: