



Community National Bank

Hondo ☆ Castroville ☆ Lytle ☆ La Coste

WIRE TRANSFER WORKSHEET

BENEFICIARY FINANCIAL INSTITUTION:

| | |
|-----------------------|--|
| ABA Routing # | |
| Financial Institution | |
| Address | |
| City, State, Zip Code | |
| Phone # | |
| Dollar Amount | |
| W/T Purpose | |

ORIGINATOR INFORMATION:

| | |
|-----------------------|--|
| Customer Account # | |
| SSN #/TIN # | |
| Customer Name | |
| Physical Address | |
| City, State, Zip Code | |
| Phone # | |

INTERMEDIARY FINANCIAL INSTITUTION:

| | |
|-----------------------|--|
| ABA Routing # | |
| Financial Institution | |
| Address | |
| City, State, Zip Code | |
| Phone # | |

BENEFICIARY INFORMATION:

| | |
|--------------------------|--|
| Credit to the Account of | |
| Account # | |
| Address | |
| City, State, Zip Code | |

FOR FURTHER CREDIT TO:

| | |
|--------------------------|--|
| Credit to the Account of | |
| Account # | |
| Address | |
| City, State, Zip Code | |

Additional Comments: _____

Received By: _____ Time Received/Date: _____

Time Called to Hondo: _____ (Check OFAC)

Revised: 09/30/2011

