



*Thank you for choosing ProGrowth Bank for your financial needs. You are only a few easy steps away from completing your Outgoing Wire Transfer Request Form. Please read the instructions listed below. If you have questions, please call or visit any of our three locations. Thank you.*

1. Print out the Outgoing Wire Transfer Request Instructions and Form.
2. Use black or blue ink when completing the form.
3. Complete the entire form. Don't forget to sign it.
4. Mail or fax the form. Do NOT email the form.
5. If faxing, you may use this page as your Fax Transmittal.
6. Keep a copy of the form for your records.
7. We may request additional information or contact you by phone for follow-up information.

### FAX TRANSMITTAL

Date: \_\_\_\_\_

To: \_\_\_\_\_

Fax#: \_\_\_\_\_

From: \_\_\_\_\_

# of Pages (including cover sheet): \_\_\_\_\_

Memo/Delivery Instructions: \_\_\_\_\_

\_\_\_\_\_

**This facsimile transmission is privileged and confidential and is intended only for the use of the individual or entity to which it is addressed. If the reader of these materials is not the intended recipient, or the employee or agent responsible for delivering such materials to the intended recipient you are hereby notified that any dissemination, distribution or copying of such materials is not authorized by the sender. If you have received this transmission in error, please notify the Bank immediately by telephone and return these materials to the Bank at the address shown below via the US Postal Service. Thank you.**

Gaylord Office  
320 Main Avenue  
Gaylord, MN 55334  
Phone: 507.237.5535  
Fax: 507.237.5197

Mankato Office  
PO Box 4429  
Mankato, MN 56002-4429  
Phone: 507.344.4333  
Fax: 507.344.4384

Nicollet Office  
703 Third Street,  
Nicollet, MN 56074  
Phone: 507.232.3488  
Fax: 507.232.3978





**SECTION A**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Originator's Bank: \_\_\_\_\_  Gaylord  Mankato  Nicollet  
ProGrowth Bank 091908768

Name of Originator's Authorized Representative (if applicable): \_\_\_\_\_

Authorization Verified with Bank Records?  YES  NO

Originator's Address (Street/City/State/Zip): \_\_\_\_\_

Receiver Bank's Name: \_\_\_\_\_ Receiver Bank's ABA: \_\_\_\_\_

Intermediary Bank's Name: \_\_\_\_\_ Intermediary Bank's ABA: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Beneficiary's Bank: \_\_\_\_\_ Beneficiary Bank's ABA: \_\_\_\_\_

Beneficiary's Address (Street/City/State/Zip): \_\_\_\_\_

Beneficiary's Account Number: \_\_\_\_\_

Payment Instructions: \_\_\_\_\_

Wire Instructions Received By:  Phone  Mail  In Person  Fax  Other (specify)

**COMPLETE SECTION B ONLY IF THE CUSTOMER IS A NON-ESTABLISHED ACCOUNT HOLDER WITH THIS BANK.**

**SECTION B**

**1. Where order received from an authorized representative:**

Representatives' Address (Street/City/State/Zip): \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Other Type of ID: \_\_\_\_\_ ID Number: \_\_\_\_\_

**2. Order received in person from originator:**

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Other Type of ID: \_\_\_\_\_ ID Number: \_\_\_\_\_

**3. Where order received not in person, all records of order attached?**  YES  NO

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**SECTION C – PAYMENT METHOD**

CASH

CREDIT CARD  
Account #: \_\_\_\_\_  
Issuer: \_\_\_\_\_

CHECK  DEBIT  
Check #: \_\_\_\_\_ Account #: \_\_\_\_\_  
Drawn On: \_\_\_\_\_

FEE:  \$20.00 (customer)  \$35.00 Foreign Destination (customer)  
 \$25.00 (non-customer)  \$50.00 Foreign Destination (non-customer)

Transaction Completed:  YES (Attach copy of transaction for customer support)  
 NO (Customer support will complete transaction)

Call Back To: \_\_\_\_\_ By: \_\_\_\_\_ Phone #: \_\_\_\_\_

Execution Date: \_\_\_\_\_ Execution Time: \_\_\_\_\_

**SECTION D**

Originator's Signature: \_\_\_\_\_

Information Received By: \_\_\_\_\_

Approved By: \_\_\_\_\_

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