



Member driven.
Community focused.

Repetitive Wire Transfer Form

Full Repeat Semi-Repeat Change existing _____
(Repeat Code)

FHLB Customer Information

Institution Name: _____

Institution DDA Acct: _____ FHFA ID: _____

Initiated By*: _____ (Print) Initiated By: _____ (Signature)

Authorized By*: _____ (Print) Authorized By: _____ (Signature)

*** A one-time passcode will be sent to the initiator and authorizer's email on file to confirm the requestor's identity. All instructions will be verbally confirmed with the initiator and authorizer indicated on this request. Initiators and Authorizers must be authorized on the Wire Transfer Signature Card to initiate and/or approve repetitive set- ups.**

Set-up Information

ABA Number Where Wire is Going: _____

Bank Name: _____

Beneficiary (BNF): _____

BNF Account Number: _____

Originator to Beneficiary Information (OBI): _____

Bank to Bank Information (BBI): _____

For FHLB Use Only

Initiator Signature Verified Authorizer Signature Verified | Repeat Code Assigned: _____

Combined with Initiator: _____ Date: _____ Time: _____ Combined by: _____

Combined with Authorized: _____ Date: _____ Time: _____ Combined by: _____

Email the completed and executed form to:

Processing@fhlb.com