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## 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)

**\*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 Bank ("BBK"): \_\_\_\_\_

BBK Account Number: \_\_\_\_\_

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: \_\_\_\_\_

**For assistance with this form, please contact:**

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