



**BANK WIRE TRANSFER INSTRUCTIONS**

***Vendors: Please complete this form to receive payment by bank wire transfer, directly to your account (fastest).***

Vendor Name: \_\_\_\_\_

Vendor's Customer: \_\_\_\_\_



Bank Name: \_\_\_\_\_

Bank ABA Routing # (*for wires*) \_\_\_\_\_ (9-Digits)

Bank Phone: \_\_\_\_\_

Name of Bank Contact (if available): \_\_\_\_\_

*Only If Applicable: For Further Credit to Bank Name:* \_\_\_\_\_

*Only If Applicable: For Further Credit to Bank Account* \_\_\_\_\_

Account Name Listed As: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Vendor's Phone #: \_\_\_\_\_

Vendor's Address: \_\_\_\_\_



Prepared By: \_\_\_\_\_

Vendor Representative (*print*): \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (*print*): \_\_\_\_\_

***VENDORS: PLEASE FAX THIS FORM TO FIRST CAPITAL  
800-403-3529***

***Attn: Municipal Department***