



# Domestic Wire Request

Fill out, sign and fax, mail, or drop form by any Energy One office. For contact information, please visit our website at [www.energyone.org](http://www.energyone.org) and click "Contact Us" or fax directly to the Accounting Department at 918-699-7122. Include a phone number on all requests.

Domestic wire cutoff time is 3 PM central time *All fields required*

Date: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone # \_\_\_\_\_

Member name: \_\_\_\_\_ Signature \_\_\_\_\_  
(Please print, sign, and fax, mail, or return to your local Energy One.)

Wire amount \$ \_\_\_\_\_ **Fee \$30** Wire password: \_\_\_\_\_

Receiver financial institution (FI) ABA/ routing number \_\_\_\_\_

Receiver FI Name: \_\_\_\_\_ Wire purpose: \_\_\_\_\_

Receiver FI full address \_\_\_\_\_  
Street City, State Zip

Beneficiary account # \_\_\_\_\_ Beneficiary name \_\_\_\_\_

Beneficiary physical address \_\_\_\_\_

Beneficiary FI name \_\_\_\_\_ Beneficiary FI acct # \_\_\_\_\_

Beneficiary FI address \_\_\_\_\_

Intermediary FI name \_\_\_\_\_ Intermediary FI account # \_\_\_\_\_

Intermediary FI address \_\_\_\_\_

*By order of:* Name \_\_\_\_\_

Physical address \_\_\_\_\_  
Street City, State Zip

*The Bank Secrecy Act's Travel Rule requires "By Order of" information including Originator Name, Physical Address, City, State, and Zip within the wire instructions. Provide this information in the "By Order Of" fields to avoid a delay in processing your wire. Please also include a phone number on this request.*

**For office use only**

OFAC WireXChange \_\_\_\_\_ Time received \_\_\_\_\_ Employee name \_\_\_\_\_

Verification \_\_\_\_\_