



4400 Maplewood Dr.

Wire/Funds Transfer Payment Order

Sulphur, LA 70663

Tel:(337)533-1808

Fax:(337)533-8419

The undersigned originator requests payment to be made to the beneficiary or account number named below. To the extent not prohibited by law, the undersigned agrees that this wire transfer is irrevocable and that the sole obligation of the institution named above is to exercise ordinary care in processing this wire transfer and that it is not responsible for any losses or delays which occur as a result of any other party's involvement in processing this transfer.

ORIGINATING BANK PROCESSING DATA

Security Code: _____ Transfer Number: _____

Code Word: _____ Date: ____/____/____ Time: _____ Fee: \$ _____

Code Word Sequence Number: _____ Method of Payment: _____

Originating Bank's Account Number: _____

Dollar Amount: \$ _____ System: Fedwire S.W.I.F.T CHIPS Telex Other _____

Prepared by: _____ Record Kept? Yes

(Note: Transfers in amounts of \$3,000 or more may require additional recordkeeping.)

BENEFICIARY BANK DATA

ABA Routing Number: _____

Name of Institution: _____

Branch Information: _____

BENEFICIARY DATA

Beneficiary's Name: _____

Address: _____

Account Number (if any): _____

Instructions: _____

ORIGINATOR DATA

Sender's Name: _____ Phone number: _____

Address: _____ Driver's LIC # _____

Account Number: _____ Dollar Amount: \$ _____

Sender's Signature: X _____