



PROFESSIONAL  
PRACTICE FINANCING

Wiring Instructions

Recipient Phone Number:	
Name on Account:	
Routing Number:	
Account Number:	
Name of Bank:	
Address of Bank:	

The undersigned hereby certifies that the information provided above is accurate, true, and correct.

\_\_\_\_\_  
Account Owner Signature

\_\_\_\_\_  
Date

Zions Bank Officer hereby certifies that the information provided above has been independently

verified with \_\_\_\_\_, on \_\_\_\_\_, at \_\_\_\_\_.  
(name) (date) (time of day)

\_\_\_\_\_  
Zions Bank Officer

\_\_\_\_\_  
Date