



WIRE TRANSFER REQUEST

MEMBER INFORMATION

Member Number:	Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Date:
Member Name:		
Email address:	Daytime Phone:	
Current address:		
City:	State:	ZIP Code:
Wire Transfer Amount: \$	Fee Amount: \$20.00	

BENEFICIARY INFORMATION

Beneficiary Name:		
Beneficiary Account Number:		
Beneficiary Address:		
City:	State:	ZIP Code:
Receiving Bank Name:		
ABA Routing Number (9 digits):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Receiving Bank Address:		Phone:
City:	State:	ZIP Code:
Beneficiary/Intermediary Bank Name (if applicable):		Beneficiary/Intermediary Account Number (if applicable):
Reference Information (if applicable):		

MEMBER SIGNATURE

Due to increased security procedures, an inquiry with the Office of Foreign Asset Control (OFAC) may delay the processing of this transfer. By signing this agreement, you authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred. You also authorize the Credit Union to have the fee shown above drawn out of the same account from which the wire is done.

Member Signature:

Please present your photo ID.

CREDIT UNION USE ONLY

*****PHOTO ID REQUIRED*****

ID Type:	Expire Date:	ID Number:
Date:	Time:	Staff ID:
OFAC:		
Wire Number:	Approved by:	