



# Domestic Wire Transfer Request

PO Box 12400, Charlotte, NC 28220 • 1-888-258-3352 • FAX (704) 523-8906  
BlueFlameCU.org • blueflame@blueflamecu.org

At your request, we can wire transfer funds to another financial institution. You authorize BFCU to transfer funds as described herein and debit your account for the requested amount. You authorize BFCU to charge you the required fee for your request. **Refer to Fee Schedule for current Domestic Wire Transfer fee amount.**

BFCU MEMBER NUMBER \_\_\_\_\_ DAYTIME PHONE NUMBER \_\_\_\_\_

SENDER FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

SENDER PHYSICAL ADDRESS \_\_\_\_\_  
**(DO NOT USE P.O. BOX)**

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

### SENDING INSTRUCTIONS

Wire requests received by BFCU after 1:00 p.m. EST may not be available at receiving financial institution until the following business day.

WIRE AMOUNT \$ \_\_\_\_\_

WIRE FUNDS FROM:

SAVINGS

CHECKING

OTHER \_\_\_\_\_

**Please contact the receiving financial institution to verify the accuracy of the routing number, account number and account name information. Some financial institutions may charge fees for processing wires with incorrect account information.**

RECEIVING FINANCIAL INSTITUTION \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ RECIPIENT ACCOUNT NUMBER \_\_\_\_\_

RECEIVING FINANCIAL INSTITUTION ADDRESS \_\_\_\_\_  
**(DO NOT USE P.O. BOX)**

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

RECIPIENT ACCOUNT HOLDER NAME \_\_\_\_\_

RECIPIENT PHYSICAL ADDRESS \_\_\_\_\_  
**(DO NOT USE P.O. BOX)**

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MEMBER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Time Received

\_\_\_\_\_  
BFCU Staff Initials