

WIRE TRANSFER

BANK TO BANK

Date: _____ Requested by fax: _____
Requested in-person: _____
Call Back Performed: _____ Form of ID: _____
By: _____ Verified by: _____

Member's Acct #: _____
Member' Name: _____
Address: _____
Member Phone #: _____

Amount to be wired: \$ _____
Plus fee: \$ _____
Total Withdrawn: \$ _____

Bank Name: _____
City and State: _____
ABA/Routing #: _____

Further Credit:

Name on Account: _____
Address: _____
Account #: _____

Final Credit:

Name on Account: _____
Address: _____
Account #: _____

I authorize the Credit Union to transfer funds as described herein and debit my account in the amount of the wire transfer, plus applicable charges.

Signature: _____

Date: _____

E-mail Address: _____