



Wire Transfer Request Form

Date _____

SENDER/ORIGINATOR INFORMATION

Name _____ Day Phone Number _____
Address _____ Wire Amount _____
City, State, Zip _____
Member Number/Acct Type _____
Instructions from Sender _____

BENEFICIARY/RECIPIENT INFORMATION

Name _____
Address _____
City, State, Zip _____
Account Number _____
Special Identifier of Beneficiary (ie: SSN, TIN, DL#) _____

BENEFICIARY/RECIPIENT FINANCIAL INSTITUTION

Name of Financial Institution _____
Address _____
City, State, Zip _____
ABA/Transit Routing Number _____
Further Credit - Financial Institution _____
Address _____
City, State, Zip _____
ABA/Transit Routing Number _____

You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred plus applicable fees

Signature _____ Date _____

Credit Union Use Only
Date and Time of Request _____
Request Taken By _____
Request Taken In-person _____ Phone _____ Fax _____ Email _____ Fee \$ _____
Processed By _____
Approved By _____
Call Back Performed By _____
Additional Comments _____ <small>(required on all wire requests not taken in person and equal to or greater than \$1K)</small>