



OUTGOING WIRE TRANSFERS

MEMBERS NAME _____ ACCOUNT # _____

AMOUNT TO BE WIRED \$ _____ (fee \$25.00 domestic wires)

MEMBER'S DAY TIME PHONE NUMBER _____

WIRE TO: INTERMEDARY/CORRESPONDENT FI _____
(if applicable)

ABA OR ROUTING # _____ (must be 9 digits)

CITY STATE _____

CREDIT TO: BENEFICIARY FI _____

ROUTING OR ACCOUNT #: _____

CITY STATE _____

FINAL CREDIT TO: BENEFICIARY _____

ACCOUNT # _____

ADDRESS _____

REFERENCE _____
(optional)

MEMBER SIGNATURE _____

----- **FOR CREDIT UNION USE ONLY** -----

DATE _____ TIME _____ EMPLOYEE INITIALS _____

CALL BACK _____ TIME _____ PHONE # _____

OFAC VERIFIED _____

WIRE PIN VERIFIED BY _____

TYPE OF ID USED FOR VERIFICATION

DRIVER'S LICENSE OTHER (TYPE) _____

METHOD OF RECEIVING WIRE REQUEST:

IN PERSON OVER THE PHONE OTHER (TYPE) _____