

Wire Transfer Form

Date _____ Account # _____ Suffix _____

Wire Amount _____

Member Name _____

Address _____

Purpose of Wire _____

Signature _____

Transfer funds to:

Financial Institution _____

Address _____

ABA/Routing _____ Sort/Swift _____ IBAN # _____

For further credit to:

Financial Institution _____

Address _____ Account # _____

ABA/Routing _____ Sort/Swift _____

For final credit to:

Beneficiary Name _____ Account # _____

Address _____

For Credit Union use Only:

Employee / Date / Time

Initial Contact _____

Call Back _____

Initiated By _____

Verified By _____

Reference# _____

OFAC Verification: Member _____

Beneficiary _____

F.I. _____