

Call back to member required **PRIOR** to sending wire for verification. Date: _____ Time: _____
Staff Member Signature: _____ Phone # Called: _____

WIRE INSTRUCTIONS

MEMBER:

Originator's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _() _____ - _____

Account Number: _____

Wire Amount: _____

Wire Fee: \$30.00

Receiving Bank Name: _____

Bank Address: _____

Bank Phone #: _____

ABA Routing Code: _____

Beneficiary Account #: _____

Name on Account: _____

Account Type: Checking Savings

Beneficiary Address: _____

City: _____ State: _____ Zip: _____

Originator to Beneficiary: _____

Your wire transfer may settle by the beneficiary's bank/credit union routing number and the beneficiary's account number, even if the name provided for the beneficiary bank and/or beneficiary account do not match.

Member Signature

Date

For Credit Union Use Only

Wire Sequence #: _____

Date: _____ Time: _____ Initials: _____

Date: _____ Time: _____ Initials: _____