



WIRE TRANSFER REQUEST

NOTE: Due to security reasons and verifications purposes, there must be a signature **and** a phone number.
P.O. Boxes are **not** accepted. You must use a physical address.

Member Information

Member Name: _____ Phone #: (____) _____

Address: _____ City: _____ State ____ Zip: _____

Account #: _____ [] Shares [] Share Draft [] Other: _____

Amount of Wire: \$ _____ Fee: \$15.00 (Consumer) / \$20.00 (Business)

Receiving Financial Institution & Beneficiary Information

Bank Name: _____ ABA #: _____

Bank Address: _____ City: _____ State: _____ Zip: _____

(If Applicable)
Intermediary Bank Name: _____ ABA #: _____

Intermediary Bank Address: _____ City: _____ State: _____ Zip: _____

Beneficiary Acct #: _____ Beneficiary Name: _____

Beneficiary Address: _____

City: _____ State: _____ Zip: _____

Other Instructions: _____

Member Signature: _____ Date: _____

Member Signature: _____ Date: _____

Member Signature: _____ Date: _____

OFFICE USE ONLY:

Taken By: _____ Date: _____

OFAC: _____

Sent By: _____ Transfer Date: ____ / ____ / ____ Time: _____ AM/PM

Call Verification Completed By: _____