



Outgoing Wire Transfer Form

Member Name:

Member Address:

City

State

Zip Code

Telephone Number:

Member Account Number:

Amount of Wire:

Purpose of Wire:

Credit Union use only:

Initial

Identification accepted:
(SSN, DL #, Passport)

OFAC Checked
for Member above:

Initial

Name of Receiving Financial Institution:

Address of Receiving Financial Institution:

Receiving Financial Institutions ABA Routing Number:

Name one Receiving Account:

Receiving Account Number:

Type of Account:

Receivers Telephone Number:

Credit Union use only:

Initial

OFAC checked for Financial
Institution above:

OFAC checked for
Receiver above:

Initial

Member Signature:

Date:

Members Printed Name:

Credit Union use only:

Employee accepting wire: