



WIRE TRANSFER OUT REQUEST

Wire requests received and verified by 2 pm pacific time will be processed the same business day.
Please print clearly and sign.

Date	Wire Amount \$
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TO FINANCIAL INSTITUTION

Financial Institution	ABA/Routing Number	
City	State	Zip

TO CREDIT (BENEFICIARY)

Beneficiary Name	Account Number of Beneficiary to be Credited	
Street Address		
City	State	Zip

FOR FURTHER CREDIT TO AND/OR ADDITIONAL INSTRUCTIONS

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MEMBER INFORMATION

Member Name	
Debit Member #	Contact Number
<input type="checkbox"/> PHONE CALL REQUEST <input type="checkbox"/> EMAIL FOR NOTIFICATION PURPOSES: _____	
CHARGES: * \$25.00 Domestic Wire (within the USA) * \$50.00 International Wire	
x _____ Authorized Signature	_____ Date

CALL BACK VERIFICATION FOR OVER \$3,000 REQUIRED

CREDIT UNION USE ONLY		
Called by: _____	<input type="checkbox"/> Seq# _____	<input type="checkbox"/> JV Write Up _____