

FUNDS / WIRE TRANSFER REQUEST

		Ac	count Numb	er:					
		S	ENDER / PA	AYER IN	NFORMA	ATION			
Name:	Day Phone Number:								
Address:						Transfer Amou	nt:		
City:				State:			Zip Code:		
Special Pay	rment:								
Instructions	from Sender:								
RECIPIENT / PAYEE INFORMATION									
Name:									
Address:									
City:				State:			Zip Code:		
Country:	Account Number:								
Special Identifier of Recipient (i.e. SSN, TIN, DL#):									
INTERMEDIARY FINANCIAL INSTITUTION INFORMATION									
Name of Fir	nancial Institution:								
Address:									
City:				State:			Zip Code:		
Country:			ABA Routing	g/Transit I	Number:				
Special Routing Instructions:									
		RECIPIENT	/ FINANCIA	L INSTI	TUTION	I INFORMATION			
Name of Fir	nancial Institution:								
Address:									
City:				State:			Zip Code:		
Country:			ABA Routing	g/Transit I	Number:				
Special Routing Instructions:									
You may identify the payee or any financial institution by name and by account number (or ABA routing number). The Credit Union (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize the Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges.									
Account C	Dwner								
			INTERN	NAL US	E ONLY	· · · · · · · · · · · · · · · · · · ·			

INTERNAL USE ONLY								
Date and Time of Request:	Amount of fee:							
Identification Used:	Method of Transfer:							
Transaction/Control Number:	Processed By:							
Special Instructions:								