

## **DOMESTIC WIRE TRANSFER REQUEST**

\$20.00 FEE/DEADLINE 2:30PM MST

## WIRE INSTRUCTIONS MUST BE TYPED OR REQUEST WILL NOT BE PROCESSED

SENDER NAME:	ACCOUNT NUMBER (13 DIGITS):
PHYSICAL ADDRESS, NO P.O. BOX:	CITY:
STATE AND ZIP:	PHONE NUMBER:
WIRETYPE: ONE-TIME RECURR	ING WIRE AMOUNT:
BENEFICIARY FINANCIAL INSTITUTION INFORM	MATION (FINANCIAL INSTITUTION RECEIVING THE WIRE)
ROUTING/ABA NUMBER:	FINANCIAL INSTITUTION NAME:
CITY/STATE:	
INTERMEDIARY FINANCIAL INSTITUTION INFO	RMATION (IF NECESSARY)
ROUTING/ABA NUMBER:	INTERMEDIARY ACCOUNTNUMBER:
FINANCIAL INSTITUTION NAME:	CITY/STATE:
BENEFICIARY INFORMATION (PERSON/ENTITY	RECEIVING THE FUNDS
BENEFICIARY NAME:	ACCOUNT NUMBER:
PHYSICAL ADDRESS ONLY, NO P.O. BOX (REQU	JIRED):
ADDITIONAL NOTE OR MEMO:	
PURPOSE OF WIRE (REQUIRED):	
	ds by wire or other means to another financial institution according to my vithdrawn only from the account number specified. Transfer requests received ext business day.
number I give, even if that number identifies a person funds transfer process may rely on the identifying numan institution different from the one identified by namlaw governing Fedwire transactions. I am responsible	g a transfer may pay the funds on the basis of the identifying number or account different from the person I name, and (2) any financial institution involved in the onber or routing number I give as proper identification, even if that number identifience, and (3) Fedwire may be used in the funds transfer process. Regulation J is the for supplying the correct information, and the Credit Union shall not be liable for an ewed and agree to all terms and conditions stated on this agreement.
MEMBER SIGNATURE	DATE: