

Member's InformationWire Amount in USD: __



DOMESTIC WIRE TRANSFER REQUEST

Member Name:	Men	nber Account #:
Address:		
City, State, Zip:		
Phone Number:		
Receiving Institution		
Financial Institution Name: _		
Routing Number or ABA Nu	mber:	
Beneficiary		
Beneficiary:	Acc	ount #:
Address:		
City, State, Zip:		
Special Instructions (if any):		
Further Credit (if applicable)	
Beneficiary FI/Further C edit	t (if applicable):	
	. , , ,	
U account in the amount trans	sferred, plus applicable charges.	
count Owner Signature:		Date:
	This section is for Credit Unio	on use only
OFAC Check by:	Entered by:	Date:
		Confirm tion: