



## OUTGOING DOMESTIC WIRE TRANSFER

For same-day processing, requests must be received before 3pm CST. Please complete all fields.

### MEMBER INFORMATION

Name \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email \_\_\_\_\_

Amount \_\_\_\_\_ Fee \$35.00 \_\_\_\_\_ Total Amount \_\_\_\_\_

Transfer Date \_\_\_\_\_ Withdraw from  Savings  Checking  Money Market

### BENEFICIARY FINANCIAL INSTITUTION

Receiving Bank/CU Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Receiving Bank WIRING ABA/Routing Number \_\_\_\_\_

**IMPORTANT**-This number may not be the same as the ABA/Routing number for your checking account. Please contact the receiving bank to verify the WIRING ABA/Routing Number.

### CREDIT TO

Receiving Account Holder Name \_\_\_\_\_ Receiving Account Number \_\_\_\_\_

Receiving Account Holder Address street \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

### FOR FURTHER CREDIT TO (THIRD-PARTY/INVESTMENTS/FINAL CREDIT)

Receiving Account Holder Name \_\_\_\_\_ Receiving Account Number \_\_\_\_\_

Receiving Account Holder Address street \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Special Instructions/Additional Comments \_\_\_\_\_

Members Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ (if applicable)

**Credit Union Use Only**

Date \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_

Wire Fee \_\_\_\_\_ Amount Wired \_\_\_\_\_

Call Back Verification  
By \_\_\_\_\_ Number \_\_\_\_\_ Contact \_\_\_\_\_