

CALCITE CREDIT UNION

WIRE TRANSFER REQUEST FORM

THIS DOCUMENT IS TO BE USED IN CONJUNCTION WITH THE WIRE TRANSFER AGREEMENT. COMPLETING THIS FORM INITIATES A DOMESTIC WIRE TRANSFER (NO INTERNATIONAL WIRES). BY SIGNING THIS FORM YOU ACKNOWLEDGE THAT FUNDS SENT VIA WIRE TRANSFER ARE NOT ABLE TO BE RETRIEVED. YOU WILL BE CHARGED A \$10.00 FEE FOR THIS SERVICE.

ORIGINATOR (SENDER)

ACCOUNT # _____ Suffix _____ AMOUNT \$ _____

MEMBER NAME _____

MEMBER ADDRESS _____

PHONE # _____

FINANCIAL INSTITUTION (WHERE FUNDS ARE GOING) _____

ADDRESS OF FINANCIAL INSTITUTION _____

ABA OR ROUTING NUMBER _____

FURTHER CREDIT TO

FINANCIAL INSTITUTION NAME _____

ACCOUNT NUMBER _____

BENEFICIARY (RECIPIENT)

NAME _____

ADDRESS (NO P.O. BOXES) _____

ACCOUNT # _____ SAVINGS _____ CHECKING _____ LOAN _____

AGREEMENT VERIFICATIONS Code Word _____ Amount _____ Authority _____

CREDIT UNION REPRESENTATIVE

DATE

MEMBER SIGNATURE

DATE