

LOCAL UNION 392 FEDERAL CREDIT UNION

1228 Central Parkway, Room 108

Cincinnati, OH 45202

Phone: 513-621-4600

Fax: 513-621-6609

WIRE TRANSFER INFORMATION

Originator = person requesting the wire transfer

Receiver = person receiving the wire transfer

*** COPY OF VALID PICTURE I.D. IS REQUIRED ***

Amount \$ _____ (if amount is \$25,000 or more, this form must be completed in person at the Credit Union)

Financial Institution's Name: _____

Financial Institution's Routing & Transit #: _____

Receiver's Name: _____

Receiver's Account #: _____

Type of Account: _____

Purpose/Reason: _____

Receiver's Complete Address: _____

Originator's Name: _____

Originator's Complete Address: _____

X _____
Originator/Member's Signature Date

Authorized By: _____

Checked OFAC: _____ Received I.D. Copy: _____ Placed Verification Call: _____