

IBEW & United Workers Federal Credit Union

OUTGOING WIRE TRANSFER

RT # 323075194

Date_____
Member Name_____
Account # / Suffix_____
Address_____
City/State/ZipAmount to be wired: \$ _____
(ANY AMOUNT \$5000.00 AND OVER NEEDS TO BE VERIFIED)Wire Fee: \$ 18.00

Total dollar amount: \$ _____ Posted by: _____

Name of Receiving Institution_____
Institution Routing Number_____
City and State_____
Payee's Name_____
Payee's Account Number_____
Payee's Address *REQUIRED*_____
City/State/ZipSpecial Instructions:

_____**X** _____**Member Signature**_____
Date___ Mark here is wire re-occurring. *Wire forms expire 6 months from date signed*Posting: "EASY" **WT** amount to be wired: **W\$** \$3.50 **WI** \$14.50**Office Use Only**
*Give to authorized person*_____
Date/Time_____
Sequence Number_____
Wire Sent By

OFAC Verified/Originator _____ Intermediate _____ Beneficiary _____