WIRE TRANSFER REQUEST

SENDER/PAYER INFORMATION

Amount of Wire Transfer$_____

Name: _____

Address: _____

City, State, Zip:_____

Phone No: _____

Special Instructions: _____

Account No: _____

RECIPIENJ/PAYEE INfORMlfflQl;J

Name: _____

Address: _____

City, State, Zip: _____

Phone No: _____

Account No: _____

RECIPIENT/PAYEE FINANCIAL INSTITUTION INFQRMATION (RECEIVER)

Name of Financial Institution: _____

Address: _____

City, State, Zip: _____   ABA Routing/ Transit No/: _____

Account No: _____

Special Routing Instructions: _____

INfERMEDIARY FINANCIAL INSTITUTION INFORMA"f:ION (BENEFICIARY BANK) Name of

Financial Institution: _____
Address: _____ City, State, Zip: _____

ABA Routing/ Transit No/Account No: _____

Special Routing Instructions: _____

EMPLOYEE PERFORMING CALL BACK/VERIFICATION: ___ PHONE NO USED:_____

Member Signature: _____   Date: _____