



Wire Transfer Instructions

This form is not intended for recurring requests; it is intended as a one-time Wire Transfer authorization.

MEMBER #: _____ MEMBER: _____
 ACCOUNT #: ___1___2___3 ADDRESS: _____
Physical address only
 AMOUNT: _____
City State Zip
 PURPOSE: _____ PHONE: _____
 DOB: _____ EMAIL ADDR _____

RECEIVING INSTITUTION

ABA/ROUTING #: _____
 NAME: _____
 ADDRESS: _____

 SWIFT/IBAN# _____ CLAVE (MEXICO) _____

FURTHER CREDIT

INSTITUTION NAME: _____
 ABA/ROUTING #: _____
 ADDRESS: _____

FINAL CREDIT

NAME: _____
 ACCOUNT #: _____ CHECKING _____ SAVINGS
 ADDRESS: _____

 DOB: _____ EMAIL ADDR _____
 INSTRUCTIONS: _____

SIGNATURE _____ **DATE:** _____

FOR USECU USE		
DEBIT WIRE _____	DEBIT FEE _____	OFAC BY _____
DATE _____	TIME _____	MSR INTIALS _____
INPUT BY _____		CONFIRMATION NUMBER _____
APPROVED BY _____		\$2500.00 CALL BACK BY _____