

REQUEST FOR BANK WIRE TRANSFER

Date: _____

Time: _____

MFCU Employee taking request: _____

FCCCU Employee and verification #: _____

Amount of Bank Wire: _____

Member's Name _____

Member's Account Number _____ Share Type _____

Institution Receiving Funds: _____

ABA Number (routing No.) _____ City _____ State _____

Correspondent Bank's Name _____

Correspondent's ABA Number _____ City _____ State _____

Name on Account Receiving Funds: _____

Account number Receiving Funds: _____

Method of Member Identification: _____

CALLBACK INFORMATION:

Date: _____ Time: _____

Number at which member was reached: _____

MFCU employee performing callback: _____

\$Amount verified? ___Yes ___No Destination verified? ___ Yes ___ No

Order Information: _____