

4265 Wilder Rd Bay City MI 48706 1479 Straits Dr Bay City MI 48706 3262 Cabaret Trail S Saginaw MI 48603 800-292-20897 / 989-684-1873

OUTGOING WIRE TRANSFER REQUEST		
Α	Originator / Member Name	Birthdate (Optional)
В	Member Address/City/State/Zip	
С	Member Number	Suffix
D	Amount \$ Plus W	re Fee \$20 = Total \$
Ε	Wire Purpose (Required)	
INFORMATION OF ACCOUNT TO RECEIVE CREDIT		
_		OONT TO RECEIVE CREDIT
	Receiving Financial Institution Name	
	Receiving Financial Institution Routing Number	
н	Receiving Financial Institution Phone Number	
	Receiving Financial Institution Address	
J	Receiving Financial Institution City/State/Zip	
K	Beneficiary Financial Institution (If Any)	
L	Beneficiary Financial Institution Address	
M	Beneficiary Financial Institution Routing number	
N	Beneficiary / Account Name	
0	Beneficiary Account Address City / State / Zip	
P	Beneficiary Account Number	
Q	Special Instructions (if any)	
You may identify the payee or any financial institution by name and by account number (or ABA routing number). COPOCO Community Credit Union (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. If the wire transfer is cleared through the Federal Reserve, the transaction is governed by Regulation J. You authorize COPOCO Community Credit Union to transfer funds as described herein and debit your account in the amount transferred, plus applicable charges. You understand that COPOCO Community Credit Union is not liable if the routing number and/or account number is incorrect.		
	x	
	MEMBER SIGNATURE	MEMBER PHONE NO
Off	ice Use Only Date/Time Received	Taken By