

COPOCO COMMUNITY CREDIT UNION WIRE TRANSFER REQUEST

Originator/
MEMBER NAME _____

MEMBER ADDRESS/CITY/STATE _____

MEMBER NUMBER _____ Suffix _____

Amount \$ _____ Plus Wire Fee \$20.00 =Total \$ _____

Information of Account to Receive Credit

Receiving Institution _____

Name

Routing/Transit #

Phone #

City

State

Beneficiary FI: (if any) _____

Beneficiary Address _____

Beneficiary FI ABA: _____

Beneficiary/
Account Name: _____

Account Address/City/State _____

Account Number _____

Special Instruction: (if any): _____

Date/Time Received: _____ Taken By: _____

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

Phone # _____