Members Credit Union
Wire Transfer Request

I, _____, owner of account number, _____,

authorize a wire transfer of $_____ to be withdrawn from my _____ account.

This wire transfer is to be sent using the following information:

Routing Number for Receiving Financial Institution: _____

Name of Receiving Financial Institution: _____

City, State of Receiving Financial Institution: _____

Account Number for Receiving Account: _____

Name on receiving account:_____

Address of receiving account: _____

City, State of Receiving account: _____

Additional Information: _____

_____

If Further Credit is required, complete Further Credit Information

Further Credit Routing Number:_____

Further Credit Bank Name:_____

Further Credit Bank Address:_____

I am aware there is a fee of $15.00 to initiate a domestic wire transfer and that there may be additional fees from the receiving financial institution.

Signature: _____   Date: _____

Contact Number: (_____)_____

Will this be a repetitive wire: (Check One)   _____Yes   _____No

Wire transfer requests not initiated at a Members Credit Union branch can be faxed to 336-748-4620 or mailed to Members Credit Union, Wire Department, PO Box 5297, Winston Salem, NC 27113. Wire transfer requests received via fax or US Mail must be accompanied by a copy of a valid Driver's License or Government issued photo ID. (Do not email wire transfer requests)

FOR INTERNAL USE ONLY:

Teller Number: _____   Branch: _____   Date: _____

How was member verified: (Check One)
_____Driver's License/Government Issued ID presented (If DL/ID presented include copy with form)
_____Member is known to me and/or this branch location