

Date: _____



OUTGOING WIRE TRANSFER REQUEST
PLEASE PRINT LEGIBLY

Name : _____ POLAM Acct# _____
Address: _____ Amount \$ _____
_____ Wire Fee: (\$25 Domestic - \$35 International)
Phone # _____ Total \$ _____

WIRE INSTRUCTIONS:

Bank Name: _____

Address: _____

City: _____ State/Country: _____

ABA# of Bank (SWIFT# for foreign wires) _____

Account No. _____
(Acc# at Receiving Bank)

Beneficiary Name & Address
(Required for Foreign Wires) _____

Disclosure:

I understand that once this request has been processed, the funds will have been permanently transferred to the above beneficiary and that a stop payment order will be impossible. This payment implements an agreement between the undersigned and the beneficiary. The credit union is not a part of this agreement and has no obligations other than to wire the funds in accordance with this request. I understand the credit union handles wire transfer requests expeditiously, but that the credit union cannot guarantee that this request will be completed in any specific period.

Member Signature

Processed By

Note: Deadline for same day wire is 12:00 PM

For Office Use Only

Verification Method: ()Signature Card ()Call Back, Number Called _____
()Personally Known ()Other _____