



Not required if member provides written wiring instructions

Domestic Wire Transfer Worksheet

Use black or blue ink only. Please print legibly.

Effective Date _____

Amount of Wire: \$ _____

Originator Information	Member Name		Member Account No. / Suffix No.		
	Member Address				
	City		State/Country		Zip
	Member Phone No. (Daytime)			Member Identification No.	
Receiving Bank	ABA Routing No. or Code				
	Financial Institution Name (Please provide full name)				
	Street Address				
	City		State/Country		Zip
Correspondent Bank	Only used if funds must go through another US Bank or Credit Union to get to the final institution				
	ABA Routing No.		Account No.		
	Financial Institution Name (Please provide full name)				

Beneficiary (Receiver of Funds)				
Reason for Payment (Required):			<input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Bank/Financial Institution	
Name (Please provide full name)			Account No.	
Street Address (if known)				
City (if known)			State/Country/ Zip (if known)	
Originator to Beneficiary Information _____ _____ _____				
Financial Institution to Financial Institution Information _____ _____ _____				