



# Wire/Funds Transfer Record

## Outgoing Wires

Date:

Originator (Member) Name:  Account No:

Address:  City:  State:  Zip:

Telephone No:  Amount of Transfer:

### Wire Instructions

#### Receiving Financial Institution(s):

Primary Financial Institution:  Address:

ABA or Routing No:

Secondary Financial Institution:  Account No:

#### Final Credit:

Beneficiary Name:  Account No:

Address:  City:  State:  Zip:

If address is outside of the U.S., please indicate country here:

**OFAC Verification:**  No Match  Possible Match - Pass to Manager

#### Wire Instruction Received By (Check One):

- Phone
- Fax
- In Person
- Other (Specify)

#### Payment Method:

- Savings
- Checking

#### Wire Transfer Fee:

- Domestic - \$21 .00
- Foreign - \$31 .00

Originator (Member) Signature: \_\_\_\_\_

WCFCU Employee Signature: \_\_\_\_\_