

**PLEASE FILL OUT ALL FIELDS OF THIS FORM UNLESS OTHERWISE SPECIFIED**

Member Information	
MEMBER ACCOUNT NUMBER:	SHARE ACCOUNT TO BE DEBITED (Suffix #):
MEMBER NAME:	EMAIL ADDRESS:
STREET ADDRESS:	
CITY, STATE, ZIP:	PHONE:
Wire Information	
AMOUNT OF MONEY TO BE WIRED \$	
+ WIRE FEE	
= TOTAL AMOUNT TO BE WITHDRAWN FROM ACCOUNT	
PURPOSE OF WIRE (Must be specific. Generic purposes such as "personal" will not be accepted):	
Recipient Information	
NAME:	
ADDRESS (STREET):	
ADDRESS (CITY/COUNTRY/ZIP):	
ACCOUNT NUMBER:	
Receiving Financial Institution Information	
We recommend that you obtain a "Wire Instruction Sheet" from the receiving financial institution to fill out the information below. Please provide a copy to us as well.	
FINANCIAL INSTITUTION (FI) NAME:	
STREET/CITY/COUNTRY OF FI:	
IBAN:	SWIFT CODE: (8 or 11 characters)

**WIRE CUT OFF TIME IS 2:00 PM**

Because of the nature of an international wire, the credit union cannot guarantee when these funds will reach their destination. Additional fees may be charged to the member's account if the receiving institution or payable through bank imposes a service charge. You may identify the payee or any financial institution by name and by account number (or ABA Routing Number). Advantage Financial FCU (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identified a different party of institution. If the wire transfer is cleared through the Federal Reserve, Regulation J governs the transaction. You authorize Advantage Financial FCU to transfer funds as described herein and debit your account in the amount transferred plus any applicable charges. **I understand that Advantage Financial FCU will verify all wires with a phone call to my secure phone numbers on my account record. If contact cannot be made, the wire will not be sent.** I further understand that if a wire is returned to Advantage Financial FCU due to erroneous information I provided, I will not be refunded wire fees.

**Email completed form to [callcenter@advfcu.org](mailto:callcenter@advfcu.org) You must submit a copy of valid photo ID with this request**

Member Signature <b>X</b>	Date
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Advantage Financial Use Only	
Received by / In Person or Fax:	Time Received:
Identification Type:	Expiration Date/Number:

