

Identification Type:

Domestic Outgoing Wire Transfer Request Form

FEDERAL CREDIT UNION	Transfer Request Form
MEMBER INFORMATION (all fields a	are required)
Member Account Number:	Share Account to be Debited (Suffix #):
Member Name:	Email Address:
Street Address:	•
City. State, Zip:	
Daytime Phone (with area code):	
WIRE INFORMATION	
Amount of Money to be wired	
+Wire Fee \$20.00	
=Total amount to be withdrawn from Accou	nt
If Your Financial Institution cannot re	eceive wires directly, enter correspondent bank information below:
Correspondent FI name (if needed):	
ABA or account number (if intermediate FI is	s needed):
RECEIVING (Beneficiary) ACCOUN	T INFORMATION (all fields required)
Address:	
Account Number	
Financial Institution (FI) Name:	
City/State of FI:	
ABA Routing Number:	
You may identify the payee or any financial institution by rely on the account or other identifying number as the properties of the proper	VIRE CUT OFF TIME IS 2:00 PM name and by account number (or ABA Routing Number). Advantage Financial (and other institutions) may oper identification, even if it identified a different party or institution. If the wire transfer is cleared through the u authorize Advantage Financial to transfer funds as described herein and debit your account in the amount to Advantage Financial will verify all wires with a phone call to my secure phone numbers on my account not. I further understand that if a wire is refunded to Advantage Financial due to erroneous information I
Member Signature X	Date
Fax	x completed form to 202-737-2992
	Advantage Financial Use Only
Received by:	Time Received:

Expiration Date/Number: