Member Wire Out Transfer Request

Please complete form and fax to (770)729-8852

| Date: | Time: | Phone: |
|---|-----------------------------|--|
| Member's Name: | Excel Acct#: | |
| Address: | | |
| | | |
| *Wires exceeding \$1,000.0 | 00 will require verbal ver | ification by member service. |
| Chose the type of account to be debited: () Checking () Savings () Money Market () Redi-Cash Amount: | | |
| If your financial institutio A, B, and C. If your institution | | e sent through a second bank, you must complete ctly, fill out A & C only. |
| A. First bank you are sending to: | | |
| Receiving Bank: | | |
| City & State: | | |
| ABA/Routing No: | | Telephone: |
| B. Second bank or second | ond account (optional): | |
| Financial Institution: | | |
| City & State | | |
| Account#: | | Telephone: |
| C. For Final (Who is | receiving the funds)-sectio | on must be completed |
| Name on Acct: | | Account#: |
| Address of Recipient: | | City & State: |
| Country: | | Phone: |
| Special Instructions: (optional) | | |
| | | |
| Wires within the United States are \$12.00. The cut-off time is 3:00 p.m. daily with transactions less than \$5,000.00. Transactions \$5,000.00 or more must be received by 1:00 p.m. to ensure transaction completion. | | |
| Wires outside of the United States without a corresponding bank within the United States are \$55.00 and must be received by 11:30 a.m. daily to be processed. | | |
| Please sign both place | es indicated. | |
| Member's signature: | | Member's signature: |

We reserve the right to do verbal verifications on all wires. Please keep your phone number current with the credit union by updating your information when you move or have a change in employment