

Wire Date _____

Amount

Wire Amount _____ Type Code *CTR-1000-Consumer Transfer; (do not check box)*

Receiving Institution

Routing Number _____ Institution Name _____

Member Information/Originator

Name _____ Member Number/ID _____

Physical Address _____

Beneficiary Information

Name _____ Account No. _____

Physical Address _____

Beneficiary FI Information (if applicable)

Name _____ ID/Routing No. _____

Physical Address _____

Special Instructions (if applicable) _____

Member Signature

Date

Credit Union Use:

_____ Accepted By (take info, have member sign, withdraw funds & fee, saved in wire folder (L-Drive))	_____ Done By (process wire, check OFAC)	_____ Verified By (verify wire, PDF Alloya conf, enter in spreadsheet log, make folder in L drive wire folder)
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