



Workmen's Circle Credit Union

527 Stephenson Avenue, Suite 2, Savannah, GA 31405

Tel: 912-356-9225 | Fax: 912-356-9226

workmenscirclecu.com

Wire Transfer Request Form

Please withdraw \$ _____ plus an \$ _____ wire fee from account # _____ and wire the funds per the instructions listed below.

Intermediary Bank: Bank Name _____
Bank Address _____
Bank Phone _____
Bank ABA# _____

Receiving Bank: Bank Name _____
Bank Address _____
Bank Phone _____
Bank ABA# _____

For Credit To: Recipient's Name _____
Recipient's Address _____
Recipient's Phone _____
Recipient's SSN# _____
Recipient's Account # _____

Special Instructions: _____

***Please note physical addresses are required. PO Boxes are not acceptable.

I understand that if this wire transfer request is not made in person, call back procedures are required to verify authenticity of this request. The wire will not be sent until the request can be authenticated. I understand that it is my responsibility to notify the credit union of all address and telephone changes so that accurate information is maintained for my account. I may identify the payee or any financial institution by name and by account number or other appropriate identifier. The Credit Union (and other institutions) may rely on the account or other identifying number as the proper identification, even if it identifies a different party or institution. I authorize the Credit Union to transfer funds as described herein and debit my account in the amount transferred, plus applicable charges. Fund/wire transfers may be governed under Regulation E or the Uniform Commercial Code (UCC), Article 4A, dependent upon the nature of the transaction. If a wire transfer is cleared through the Federal Reserve, the transaction will also be governed by Regulation J.

Member Signature _____ Date _____

For Credit Union Use Only

Wire Verified via: _____ in person ID _____ call back verification

Verified by: _____ Date: _____