

WIRE TRANSFER Request Form

Domestic Wire International Wire

Date:	Account Number:	Wire transfer amount:\$
Name of the originator (sender) of the funds transfer:		PrimaryPhone Number of originator (sender):
Complete physical address of the originator (sender) of the funds transfer: (Street, City, State, Zip)		
Alternate mailing address of the originator of the funds transfer: (PO Box or other as applicable)		
Identity verification method: <input type="checkbox"/> Driver's License/ State ID <input type="checkbox"/> US Military ID <input type="checkbox"/> Other:_____		
Issued by:_____ Number:_____ Expiration: _____		
Name of the receiving financial institution:		
Address of the receiving financial institution:		
Routing & transit number or Swift Code of the receiving financial institution:		
Name of the beneficiary (receiver):		PrimaryPhone Number of the beneficiary (receiver):
Address of the beneficiary (receiver): (Note: If beneficiary address is located outside US, then country should be shown)		
Beneficiary (receiver) account number at receiving financial institution:		
Payment instructions from originator (sender):		
Signatures and Instructions: The undersigned for and on behalf of themselves and all account holders request that PHCU undertake to provide the transfer above pursuant to the terms and conditions of the Wire Transfer Agreement in the Membership Booklet the terms of which are incorporated herein by reference.		
Signature of Member/Originator #1:		Signature of Member/Originator #2:
NOTE: If this request is not made in person, PHCU employee verification of the originator's signature is required and must be documented below.		
PHCU Employee:		Verification of authorization:
FCCCU Verification Number:		FCCCU Contact Name: