

Great Lakes Credit Union

Outgoing Wire Transfer Form

All lines must be completed

Teller: _____ Date for outgoing wire: _____
Branch: _____ Amount to be wired: _____
Date: _____ Wire Fee Assesed: _____

Originator:

Member's name: _____ Account number & suffix: _____
Member's Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____

Destination:

1st Institution name: _____
1st Institution address _____
City: _____ State: _____ Zip Code: _____
Nine digit Routing or SWIFT number: _____
2nd Institution name: _____
2nd Institution address _____
City: _____ State: _____ Zip Code: _____
Nine digit Routing or SWIFT number: _____

Beneficiary:

Beneficiary Name: _____
Beneficiary Address: _____
City: _____ State: _____ Zip Code: _____
Account Number: _____
Type of Account (Checking, Savings, Loan, Investment): _____
Reason for wire: _____

Member Signature: _____

By signing above, member verifies that the information he/she provided is accurate

Deadline to wire funds out same day is 2 pm

Send completed form to operations to process

Originator, institution, & beneficiary OFAC: _____