

	Outgoing	g Wire Transfer Request
Wire Amount		
Wire Fee	\$25.00	
Member Account to	Debit	
Share Type	☐ Savings-S	501 🗆 Checking-S08 🗆 Other:
Wire Purpose		
Member Name		Phone #
Full Address	THOIC#	
ID Type Verified	Last 4 SS#	
*Please do not abbreviat	e.	Eddt 1991
		Wire Instructions
Receiving Bank Info		Additional Wire Information:
ABA#		Intermediary Bank ABA
Bank Name		Intermediary Bank Name
City & State		Intermediary Bank Account #
,		
Beneficiary Information		FI to FI Information:
Beneficiary's Name		
Beneficiary's Address		
Beneficiary's City, State		
Beneficiary's Account#		
• Domestic wir You acknowledge and ag governing funds transfer If your payment order id- we and every receiving of even if the number identified by name. Neith name and identifying nu- You agree to hold the Cri- including expenses, costs	es are available only to existing es only. Tree that any wire transfer is subjects. The entifies an Intermediate Financial or Beneficiary Financial Institution tifies an Intermediate Financial Inter we nor any Receiving or Beneficiary refer to the same Financial edit Union harmless from and ag	ect to the rules set forth in Great Lakes Credit Union's Terms and Conditions I Institution, Beneficiary Financial Institution, or Beneficiary by name and number may rely upon the identifying number rather than the name to make payment institution, person or account different than the Financial Institution or Beneficiary Financial Institution have any responsibility to determine whether the Institution or person. Sainst any and all claims, demand losses, damages, actions and causes of action which the Credit Union at any time may sustain or incur by reason of the Credit
Credit Union may rely or	the information you have provid	execute this funds transfer request from the account(s) listed above. Great Lal ded in this request to execute the wire transfer. You understand that a wire fe Lakes Credit Union's Fee Schedule.
	mber Signature	