



DOMESTIC WIRE TRANSFER FORM

Sender Information

First Name: MI: Last Name:
Address: City: State: Zip:
Daytime Phone: (8:00 a.m.-4:00 p.m. CT)
MECO Federal Credit Union Account to Withdraw Funds: # Savings Checking

Purpose: Amount of Transfer: \$

Receiver Information

Before you complete this form, please call the receiving institution and ask them to provide the details below.

Name of Receiving Institution:
Receiving Institution Address: City: State: Zip:
Receiving Institution Phone: Institution's 9-Digit Routing #:
Beneficiary's Name (person receiving funds): Beneficiary's Account #:
Beneficiary's Address: City: State: Zip:

(If over \$3,000, also include Physical Address:
City: State: Zip:

If this transfer will pass through a second financial institution before arriving at its final destination, please complete the following:

Name of Financial Institution where account is held (Final Bank):
Final Bank's Account Number: Final Bank's Address:
City: State: Special Instructions:

Please print this form, sign it and fax it to 1-866-305-5591. A MECO Federal Credit Union representative will call your daytime phone number to: (1) confirm your request, and (2) ask identifying questions to validate your identity.

I acknowledge that the above wire transfer instructions are true and accurate, and I authorize MECO Federal Credit Union to transfer funds in accordance with said instructions. I understand that any written wire transfer requests received after 3:00 p.m. CT may not be processed until the following business day. NOTE: All wire transfers are irrevocable. The fee is \$ 12.00 to send a wire transfer to a domestic destination.

Signature of Accountholder: Date:

For Credit Union Use Only

Entered by:
Verified DOB/SS#
OFAC check
Log if amount is > \$3000
See attached Tranzact Verification