

OUTGOING WIRE Transfer Request CUTOFF TIME IS 1:00 P.M. DAILY

FITZSIMONS MEMBER INFORMATION:

(Member Sending Wire)

Member Name	Wire Security Code									
<u> </u>	()								
Social Security Number	Phone Numbe	r (Where Member can b	e reache	ed if nee	ded for ac	lditional	info.)			
Member #:	(Check one) 🛚 Sh	ares (1) 🔲 Share	e Draft	(2) [☐ Other			-		
Physical Street Address (No PO Box)										
City Amount: \$	State	Zip Code								
	NEFICIARY'S ACCO	UNT INFORM		ON:						
Name on Account		Recipient's Acc	count N	umber						
Physical Street Address (No PO Box)										
City	State	Zip Code		_						
BENEFICIA	ARY'S FINANCIAL IN (Receiving F.I./Fi		NFO	RMA	ATION	1:				
Name (of credit union or bank)			Rou	ting/AB	SA # or Sv	wift Cod	le		•	
City/Providence	State/Country	(Phone # (if m)_ iember	has har	ndy)					
	FOR INTERNAT	IONAL WIRE	S:							
	RMEDIATE FINANCIAL That Receiving F.I. Must Go T									
Name (of U.S. credit union or bank)			Routir	ng/ABA	.#	•				
Physical Address or National ID										
City	State	(Phone # (if me) ember h	ias han	 dy)					
Swift Code								_		
	MISCELLANEOUS		ON:							
You may identify the beneficiary or any financial institution by name as proper identification, even if it identifies a different party or institu Union to transfer funds as described herein and debit your account in	tion. If the wire transfer is cleared throu	gh the Federal Reserve, the								
				/_			/			
Member Signature/ Phone Request*				ate						
Employee Taking Request:		OFAC Attached:		_ Telle	er#		^{Ti}	me:		
Sent By:	AccountingTeller #	Use Only: Verified By:		Tell	er #					
Callback Varification Made by:			r#		Timo					