

Wire Amount: _____ (USD) Convert to: _____ (Currency Amount) _____ (Currency Type)

Member Number _____ Date: _____

Member Name _____ Phone Number: _____

Purpose of wire transfer *(Required for all wires)* _____

Receiving Institution _____ ABA/RTN # _____

Street Address _____ Branch _____

City _____ State _____ Country _____
(Required for International Wires)

Intermediary Institution _____ R/T, ABA, or Account No. _____

City _____ State _____ Country _____

Final Credit (Account Name) _____ Account or IBAN No. _____

Street Address _____

City _____ State _____ Country _____
(Required for International Wires)

Message to the Receiving Bank _____

I hereby request GCB a division of LGE Community Credit Union to initiate the above transfer. I understand that I will be charge an outgoing wire fee: \$25.00 Domestic Wire/\$65.00 for international Wire. Wire Cutoff is 1PM EST.

Print Name: _____ Member Signature: _____

~~ THIS SECTION MUST BE COMPLETED BY FSA PRIOR TO SUBMITTING ~~

Telephone Request Policy: A Wire Transfer Request Agreement must be on file and a password is required for all members' telephone wire requests. If both are not already established, the member must first come in to sign an agreement and/or establish a password.

Password Verified by: _____ *(employee 1st name initial and full last name)*

In-Person Request: A Wire Transfer Information Form must be completed by the member.

Identification is verified by: _____ *(employee 1st name initial and full last name)*

Callback Policy: Phone, email, and fax requests (and others subject to verification) must be verified by calling the member back at their home, work, or cellular phone number on the system. Phone: _____ Date: _____ Time: _____

Callback Policy is completed by: _____ *(employee 1st name initial and full last name)*

Senior Management Approval: _____

OFAC Reviewed: _____

See Wire Authorization Limit Policy