



Finger Lakes Health Care
FEDERAL CREDIT UNION

Outgoing Wire Transfer Request

Wire to (Bank/CU Name):
RECEIVING

Financial Institution Name: _____

Address: _____

ABA# _____

For further credit to (Who is receiving the money):

BENEFICIARY **NO PO BOXES ALLOWED**

Name: _____

Address: _____

Account#: _____ (Please designate checking or savings)

Wire From (Our Member's information)

ORIGINATOR

Originator ID - 221381003

Name: _____

Address: _____

Account#: _____ (Please designate checking or savings)

Was Fee Paid? _____ (\$20 Domestic Wire / \$30 International Wire)

Amount: \$\$ _____

****Please have the member sign if present. If the member is not here, please list how they requested this wire.****

(Signature)

(date)

<p>For Credit Union Use</p> <p>Accepted by: _____</p> <p>Date: _____</p>
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