



Finger Lakes Health Care
Federal Credit Union

Incoming Wire Instructions

Wire to:

Date: _____

Financial Institution: **Alloya FCU**
Address: **4450 Weaver Parkway**
Warrenville, IL 60555
Phone #: **800-342-4328**
Routing#: **221381715**

For further Credit to:

Name: **Finger Lakes Health Care FCU**
Address: **519 Hart St**
Elmira, NY 14905
Account#: **221381003**

For further Credit to:

Member's Name: _____

Member's Address: _____

Member's Account#: _____ (Please designate Checking or Savings)

Amount: \$ _____

Was the fee paid? _____

****Incoming Wire Fee = \$10****

Wire From:

Financial Institution: _____

Sender's Name: _____

For Credit Union Use

Accepted by: _____

Date: _____