

GSA FCU

OUTGOING WIRE TRANSFER REQUEST

MEMBER NAME	
MEMBER ACCT #	
MEMBER DAYTIME PHONE #	
AMOUNT	
RECEIVING BANK	
BANK ADDRESS	
BANK PHONE NUMBER	
BANK ABA NUMBER	
BENEFICIARY:	
BENEFICIARY ACCT#:	
FOR FINAL CREDIT TO:	

Member Signature Date

Credit Union Use Only:

Date Received	Time Received	Processed by	Fee Amount

Accounting Department:

Date Processed	Processed by	Confirmation Number

***Please fax the completed request form to 202 219-0115 for processing.**