Spirit of Alaska

Receipt of Wire Request Cut-Off Time: 12:00 p.m. A.S.T. Fax # (907) 459-5996 Emailed Wire Requests Must be Sent to info@spiritofak.com

WIRE TRANSFER FORM



FEDERAL CREDIT UNION

Receiving Financial Institution ABA routing #	<i>‡</i>		11.00 Oct.	
Receiving Financial Institution Name		Telegraphic		
\$ +\$ +\$	\$25.00 Outgoing \$10.00 Incoming	w	re Department Use Only	
SOAFCU Account Number		Savings	Checking	
Your Name				
Primary Phone #	Physical Address			
Optional Phone #				
Wire Recipient				
Recipient Account #				
Recipient's Physical Address(Required by 2002 Patriot Act) Street	City	State	Zip	
For Further Credit to (optional)				
Purpose of Wire				
I hereby authorize Spirit of Alaska Federal Credit will be debited for the amount of the wire and any funds are not received and credited due to incorre institution by name and account or other identifyin may rely strictly on the account or other identifyin	r applicable fees. I agree to ho ect information. If your paymen ng number, the Credit Union ar	ld Spirit of Alaska Fede It order identifies the re Ind any other financial ir	eral Credit Union harmles cipient and any financial estitutions facilitating the	ss if the transfer
Member Signature		Date	·	
Photo ID type and #				
SOAFCU Branch Use Only Employee initials	MSR REQUIRED			
Signature Verified Address & phone	e number on data system			
SOAFCU Wire Department Use Only Employee initials	OPS REQUIRED			
Codeword Verified (recurring or phone ver	rification)			
Over \$5,000 / 2 nd employee call member to verify		phone #		
Telephone request taken by	Time	Date		
Guaranteed funds in member account	Member funds withdrawn _	Fedline entry	_ Fedline verify	
Fedline update				
Processed	Date T	ime		

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