



WIRE TRANSFER FORM

Receiving Financial Institution ABA routing #

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Receiving Financial Institution Name _____

Telegraphic _____

 \$ _____ +\$ _____
 Wire Amount Fee

 \$25.00 Domestic
 \$10.00 Incoming

 Reference # _____
Wire Department Use Only

 SOAFCU Account Number _____ Savings Checking

Your Name _____

Wire Recipient _____

 Recipient's Physical Address _____
 (Required by 2002 Patriot Act) Street City State Zip

Recipient Account # _____

For Further Credit to (optional) _____

Purpose of Wire _____

I hereby authorize Spirit of Alaska Federal Credit Union to transfer funds by wire as shown above. I understand that my account shown will be debited for the amount of the wire and any applicable fees. I agree to hold Spirit of Alaska Federal Credit Union harmless if the funds are not received and credited due to incorrect information.

Member Signature _____ Date _____

Photo ID type and # _____

Primary Phone # _____ Physical Address _____

Optional Phone # _____

SOAFCU Branch Use Only**MSR REQUIRED***Employee initials*

____ Signature Verified ____ Address & phone number on data system

SOAFCU Wire Department Use Only**OPS REQUIRED***Employee initials*

____ Codeword Verified (recurring or phone verification)

____ Over \$5,000 / 2nd 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____ Guaranteed funds in member account ____ Member funds withdrawn ____ Fedline entry ____ Fedline verify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 _____ **Time** _____