

PFCU WIRE TRANSFER FORM

MEMBER INFORMATION			
Date	Amount to Transfer \$	Account	Suffix
Name			
Address		City, State, Zip	
Daytime Phone #	Cell Phone #	E-mail Address	
FINANCIAL INSITUTION # 1			
First Institution Name		9 digit ABA(Routing Number)	
City		State	Zip
CREDIT TO FINANCIAL INSITUTION # 2 (This portion may not always be needed)			
Second Institution Name		Account Number 9 digit ABA(Routing Number)	
Address/Office		City	State Zip
FOR FINAL CREDIT TO (Third party/Investments/Individuals)			
TO: First Name or Business Name	Last Name	Account Number	
Address		City	State Zip
Special Instructions or Additional Information:			

Domestic wire transfer requests must be received, verified, and processed before 4:30 PM to be sent out the same date. A \$20.00 processing fee for domestic wires will be applied. I authorize PFCU to charge my account for wire requested above. I understand fees may be deducted from my wire by other institution(s) upon posting final credit. PFCU shall not be held liable for such charges.

MEMBER/JOINT OWNER SIGNATURE	Date

Sign and fax this request to (517)647-5223.

FOR CU USE ONLY		
Staff number	Date Received Time Received Branch	Valid Picture ID# State of:
Accounting Staff Name Signature	Callback established (Date/Time/Number) Verified Personal Info Verified Account History Verified Signature	