

DOMESTIC WIRE MONEY FROM
Credit Union of Georgia
(for international wires, please use International Wire form)

Name of Financial Institution where funds are going:

ABA # of above Financial Institution:

Name of Intermediate Financial Institution (for further credit to, if applicable):

ABA # of above Financial Institution:

Name and Account number of primary customer (wire beneficiary) (Street Address, City and State required):

Member name, Account number, and Suffix – Wire is coming from:

Amount of Wire	\$ _____	(Domestic \$15.00)
Plus Fee	\$ _____ 15.00	
Wire and Fee Total	\$ _____	Employee taken by: _____

CU of GA does not guarantee any particular time frame for a wire to be received by the beneficiary.

Wires received after 2:00 p.m. are considered wires for the next business day. This form must be completed in order for the wire to be successfully transferred.

I have authorized the above wire amount and fee to be withdrawn from my account and release CU of GA from liability concerning outgoing wires.

Member's Signature _____ Date _____ Time _____

Member's phone number – To contact in case of problem with wire.

FOR ACCOUNTING USE ONLY

Confirmation number _____ OFAC Checked _____

Spoke with _____ Time/Date _____ Employee Initials _____

Verified by _____ Time/Date _____ Employee Initials _____