

IBEW 26 FCU

4371 Parliament Place Suite C Lanham, MD 20706 301-306-0610 888-306-0610 Fax: 301-306-0746 www.ibew26fcu.com

Domestic Wire Request

Date _____ Account Number _____

Wire Amount _____ Wire Fee: \$20.00

Member Name _____

Home Address _____

Home Number _____ Work Number _____

Cell Number _____ Email Address _____

To: Name of Receiving Bank _____

Branch/City State _____

ABA Routing Number _____

Receivers Name _____

Receivers Full Address _____

Receivers Account Number _____

If Payable Through: _____

Bank Name _____

Branch/City State _____

ABA/Account Number _____

The undersigned agrees the liability of IBEW 26 FCU shall be limited to transfer errors within the credit union's control, or failure of credit union to honor an order upon the date received if processing deadlines have been met. IBEW 26 FCU is not liable for any loss or damage arising out of circumstances or events not within the credit unions control. The undersigned has read the sections of the Membership & Account Agreement and Fee Schedule regarding wire transfers.

Signature _____

Date _____

Credit Union Use Only:

Amount Withdrawn from Members Account	Processed by Initials:	Verified By Initials:

Rev Oct 09