

DOMESTIC WIRE FORM

WIRE DETAILS

DATE	TIME	12:00PM CUTOFF FOR SAME-DAY	
TAKEN BY	IN PERSON		NOT IN PERSON
WIRE AMOUNT	FEE	\$35.00	
MEMBER NUMBER	TAKE \$ FROM	S-TYPE	

SENDER/ORIGINATOR INFORMATION

SENDER NAME		
PHYSICAL ADDRESS		
CITY	STATE	ZIP
PHONE		
ID	EXPIRES	

RECEIVING INSTITUTION

FINANCIAL INSTITUTION NAME	ROUTING NUMBER
F.I. PHYSICAL ADDRESS	
CITY	STATE
F.I. PHONE NUMBER	

RECIPIENT/BENEFICIARY INFORMATION

RECIPIENT NAME	ACCOUNT NUMBER
PHYSICAL ADDRESS	
CITY	STATE
PHONE	
SPECIAL INSTRUCTIONS	OFAC VERIFIED

AUTHORIZATION

MEMBER SIGNATURE	DATE
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- FOR ACU USE ONLY -

EMPLOYEE TAKING REQUEST

_____ ID copy attached (must be clear)
 _____ Member Signature (any amount)

ACCOUNTING

_____ OFAC
 _____ Input in Sunpower
 _____ Sequence Number
 _____ 2nd Verification/Call Back
 _____ 3rd Verification

