

DOMESTIC WIRE FORM

WIRE DETAILS

DATE	TIME	12:00PM CUTOFF FOR SAME-DAY	
TAKEN BY	IN PERSON		NOT IN PERSON
WIRE AMOUNT	FEE	\$40.00	
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	ZIP
F.I. PHONE NUMBER		

RECIPIENT/BENEFICIARY INFORMATION

RECIPIENT NAME	ACCOUNT NUMBER	
PHYSICAL ADDRESS		
CITY	STATE	ZIP
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

