

RVA-FPCU Domestic Wire Transfer Request

Employee Information:

Date: _____ Time: _____ Name: _____

All wires must have account numbers and addresses – All requests must be received by 3:00 P.M.

Member Information:

Name: _____ Acct#/Suffix: _____

Address: (City/State/Zip): _____

Amount of Transfer: \$ _____ Service Charge (\$20) Applicable: Yes / NO

Member Signature: _____

Method of Identification: _____

Call Back Info: Home: _____ Work: _____ Cell: _____

Receiving Bank / Transfer To:

Bank Name: _____

Address: (City/State/Zip): _____

ABA / Routing Number: _____

Beneficiary:

Bank or Name: _____

Address: (City/State/Zip): _____

Account Number: _____

Other Information for Wire: _____

For Further Credit To / Final Credit:

Name: _____

Address: (City/State/Zip): _____

Account Number: _____

Wired by: _____ Date: _____ Time: _____

Verification#: _____ **OFAC Checked:** _____