



P.O. Box 182499, Tallahassee, FL 32318  
(850) 224-4960, Phone / www.fsucu.org

**Outgoing Wire Transfer Request & Agreement, Bank Secrecy Act Recordkeeping Form**

Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Member NAME \_\_\_\_\_

Member A/C # \_\_\_\_\_ Debit Suffix # \_\_\_\_\_

ADDRESS \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

IDENTIFICATION TYPE \_\_\_\_\_ NUMBER: \_\_\_\_\_

**\*\*LEGIBLE COPY OF ID MUST BE SUPPLIED\*\*** Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Reason for wire: \_\_\_\_\_

Amount to wire: \$ \_\_\_\_\_ Wire to Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank ABA Routing #/SWIFT/BIC \_\_\_\_\_

Intermediary Bank Name & Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Intermediary Routing Number, SWIFT CODE\*or BIC \_\_\_\_\_

\*Required for International wires (9 digits for US Wires)

IBAN required for European Wires \_\_\_\_\_

MISC INSTRUCTIONS: \_\_\_\_\_

Receiving/Beneficiary Name \_\_\_\_\_

Receiving/Beneficiary Account Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Receiving/Beneficiary Account # \_\_\_\_\_

BY SIGNING THIS WIRE INSTRUCTION FORM, I AGREE TO BE BOUND BY THE PROVISIONS GOVERNING WIRE TRANSFERS AS STATED IN THE MEMBERSHIP ACCOUNT AGREEMENT PROVIDED TO ME WHEN I ESTABLISHED MY MEMBERSHIP.

Signature \_\_\_\_\_ Date: \_\_\_\_\_ FEE: \_\_\_\_\_

\$15 Domestic; \$30 International

\_\_\_\_\_  
Received by (CU Signature) / CU Supervisor Approval

**If not filled out and signed in the presence of a CU Official NOTARIZATION REQUIRED**

On this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a notary public for the State of \_\_\_\_\_, \_\_\_\_\_ County, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained. In witness hereunto set my hand and official seal.

NOTARY signature \_\_\_\_\_ printed name: \_\_\_\_\_ Expiration \_\_\_\_\_

NOTARY STAMP: