

Reliance FCU Wire Transfer Request

Date of Wire Transfer: _____

Member Name: _____

Account # _____ Amount of Wire Transfer: \$ _____

Institution Receiving Funds: _____

ABA Routing # _____ Bank Address: _____

Bank City: _____ Bank State: _____

Name on Account Receiving Funds: _____

Account Number of Person Receiving Funds: _____

Address of Person Receiving Funds: _____

City: _____ State: _____

Correspondents ABA # _____ City: _____ State: _____
(If Applicable)

Member Signature _____ Date: _____

For Official Use:

Employee Taking Request _____

Employee Verification: _____

Method of Member Identification: _____

Signature: _____ Date: _____