



Outgoing Wire Transfer Form

Date: Employee I	nitials:	: Amount of Wire: \$		
Sender's (Originator) Name:	Phone:			
Driver's License #:	Issuing State:			
SCU Account #:	Account Type:			
Address:(Cannot be a P.O. Bo	City:	State:	ZIP:	
Fee:				
Receiving Institutions 1st Credit				
Name:	Phone	e:		
Address:	City:	State:	ZIP:	
Routing (ABA) #:	Swift Code (if intern	ational):		
Branch Location (if applicable):				
2 nd Credit (Required for International W	ires)			
Name:	Phone:			
Address:	City:	State:	ZIP:	
Routing (ABA) #:	Swift Code (if intern	ational):		
Branch Location (if applicable):				
Final Credit Beneficiary Name:				
Address:(Cannot be a P.O. Box	City:	State:	ZIP:	
Reason for Wire:				
You may identify the payee or any financial institution on the account or other identifying number as the prop Federal Reserve, the transaction is governed by Regu amount transferred, plus applicable charges.	er identification, even if it identifies a	different party or institution	on. If the wire transfer is cleared thro	
Member Signature:		Date:		
Notary (Required for wires of \$10,000 o	r more. Waived if wire is in	itiated in branch.)		
State of Colorado, County of		_		
Subscribed and sworn to me this	day of	,		
Ву:				
	FOR INTERNAL USE			
Member Callback Verification: Date: _ Accounting: Date:	Ti Time:	me: Sequence #:	_ Employee Initials:	