

## WIRE TRANSFER FORM

Please print clearly in blue or black ink.

SECTION ONE – MEMBER INFORMATION					
DATE	AMOUNT TO TRANSFER	ACCOUNT NUM	BER	SUFFIX	
NAME (LAST, FIRST, MIDDLE INITIAL)					
ADDRESS		CITY, STATE, ZIP			
DAYTIME PHONE	CELL PHONE		E-MAIL		
PURPOSE OF THE WIRE		RELATIONSHIP TO BENEFICIARY			

SECTION TWO – BENEFICIARY FINANCIAL INSTITUTION				
FINANCIAL INSTITUTION NAME	9-DIGIT ABA ROUTING TRANSIT NUMBER			
ADDRESS	CITY, STATE, ZIP			
SWIFT CODE (International Wires Only)	BRANCH CODE (International Wires Only)			
IBAN NUMBER				

SECTION THREE – CREDIT TO				
ACCOUNT NAME	ACCOUNT NUMBER			
ADDRESS	CITY, STATE, ZIP			

SECTION FOUR – FOR FURTHER CREDIT TO (Third party/investments/final credit)				
ACCOUNT NAME	ACCOUNT NUMBER			
ADDRESS	CITY, STATE, ZIP			
SPECIAL INSTRUCTIONS OR ADDITIONAL INFORMATION				

Wire Transfer requests must be received and verified by 1:30 PM to be processed the same day from 2:00-3:00 PM EST. A \$15.00 processing fee for domestic wires and \$60.00 processing fee for foreign wires will be applied. I have read and agree to the terms identified in the NASA Federal Credit Union Wire Transfer Disclosure Agreement and herby authorize NASA Federal Credit Union to charge my account for the wire requested above. I understand additional fees may be deducted from my wire by other institution(s) upon posting final credit. NASA Federal Credit Union shall not be held liable for such charges.

Member/Joint Owner Signature

Date

FOR CREDIT UNION USE ONLY					
BRANCH ASSOCIATE ID & SIGNATURE	DATE & TIME RECEIVED BY BRANCH	VALID PICTURE ID#			
Please mail or return to a credit union representative. Thank you.					
P.O Box 1588, Bowie, MD 20717-1588					

Phone: 301.249.1800 • Toll-Free: 1.888.NASA.FCU • Fax: 301.249.7144