



Wire Transfer Request

Date _____

Time _____

Member Name _____

Member Address _____

Member's Account Number _____

Form of Identification _____

Wire to: Financial Institution _____

Address _____

ABA _____

For Further Credit To _____

Account Number _____

Beneficiary _____

Beneficiary Address _____

Beneficiary's Account Number _____

Amount _____

Member Signature _____

(The following is to filled out by the credit union.)

Funds Withdrawn By _____

Funds Wired By _____

Verification From Tricorp _____

Verified By _____ Time _____