



Telephone: 617-632-8164 <> Fax: 617-632-8204

OUTGOING WIRE TRANSFER REQUEST FORM

Purpose of Wire:
Wire Amount:
Receiving Institution ABA #:
Receiving Institution Name:
Receiving Institution Address:

Originator (Member) Name:
Alpha Credit Union Account #:
Originator (Member) Address:
Originator (Member) Telephone:

Beneficiary (person receiving funds) Name:
Beneficiary Account #:
Beneficiary Address:
Beneficiary Telephone:

Intermediary Financial Institution (if applicable):

I authorize Alpha Credit Union to wire funds from my account according to the instructions above and agree to pay the \$20.00 fee, which will be deducted from my account.

Member Signature: _____ Date: _____

For Office Use only

Funds G/L: 7441-3000

Fee G/L: 1513-0000

Confirmation Number: _____ Checked OFAC by: _____

Employee callback initials _____ Employee entering into EasCorp _____ Employee Releasing Wire _____