



EL MONTE

Community Credit Union

WIRE TRANSFER FORM *Fee \$15 (Domestic) \$30 (International)*

Credit Union Member Information	
Name	
Credit Union Account #	
Home Phone	
Work Phone	
Address: Street City, State, Zip Code	
(Please Attach a Copy of the Wire Information if Available to Ensure Delivery)	Wire Information: Proper Wire Information Must Be Confirmed by Sender/ Any Incorrect Information Will Delay Process and Delivery of the Wire
Wire Information	
Amount \$	
ABA/Routing Number	
Financial Institution Receiving Wire	
Address, City, and State of Institution	
Person Receiving/Final Credit To:	
Address: Street City, State, Zip Code	
Acct. # at Financial Institution	
Purpose/Reason	
Additional Notes for Wire	
	Signature of Member: _____ Date: _____
Below Section for Credit Union Use Only (sign your name and date above)	
Spoke to member	
Signature Verification	
Employee entering the wire (include time)	Name: _____ Date: _____ Time: _____
Person Verifying wire (include time)	Name: _____ Date: _____ Time: _____
Confirmation #	
Checked on OFAC- Rec. Bank	
Checked on OFAC – Recipient/Beneficiary	